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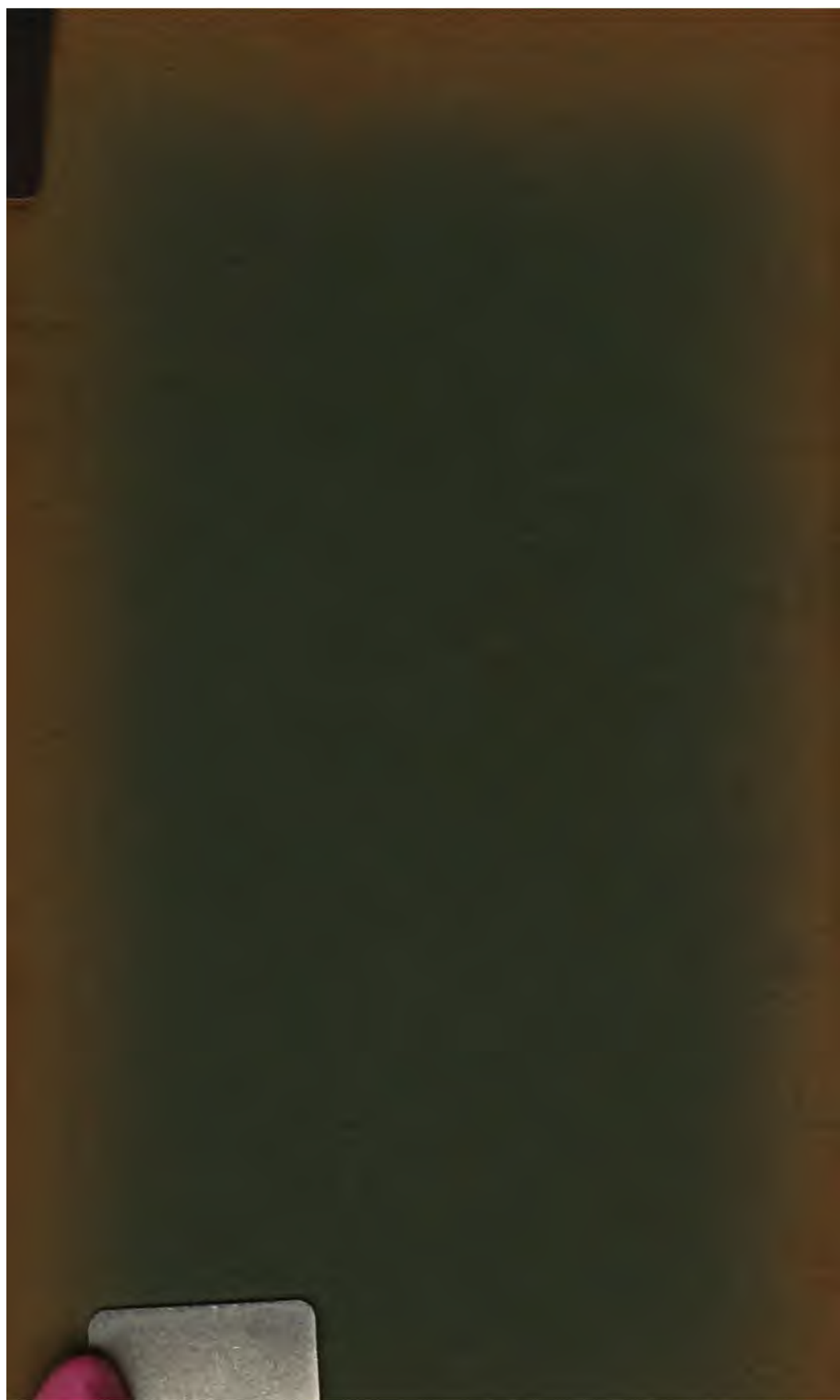
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THE
ST. THOMAS'S HOSPITAL
GAZETTE.

VOLUME VIII.

1898.

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RICHARD MEAD.

St. Thomas's Hospital Gazette.

No. 1.

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VOL. VIII.

The Old Physicians of St. Thomas's Hospital.

An Address delivered at the Meeting of the Medical and Physical Society, December 2nd, 1897. By J. F. PAYNE, M.D.

GENTLEMEN,—

It would be impossible for me on the present occasion to enter systematically upon the history of the Medical Staff of our ancient foundation. All I can hope to do in the fragmentary observations which I have collected, is to draw attention to the merits and distinctions of some few who stand out pre-eminently among their fellows, and to pay to others of lesser fame, the modest tribute of respect which our predecessors deserve at our hands, that their memory may not entirely perish.

In attempting to give an account of the St. Thomas's physicians, the first difficulty which meets us is, we do not know precisely when the Hospital first had a physician. In old times, the staff was exclusively surgical. It was so, I believe, through the middle ages before the second foundation of the Hospital by Edward VI. in 1553, though we know little of its history in those early times. Certainly, on its reconstitution, there was no physician immediately appointed; nor, as I think, for some time afterwards. This was also the case with our great rival or sister foundation, St. Bartholomew's.

Also, we must remember that during the time of which I am going to speak, there was only one physician to the Hospital, and no assistant physician.

The earliest physician of whom I can discover any precise information, is Dr. Eleazer Hodson. I do not at all think that he was the first, but his predecessors are lost in obscurity. Dr. Hodson was appointed in the Reign of James I., probably about 1620. He was a native of Durham, and educated at Cambridge, but took his Medical Degree at Padua. He became Fellow of the College of Physicians in 1618, and practised in the City of London. A contemporary physician, Dr. Baldwin Hamey (in some interesting MS. lives of physicians, in Latin, now belonging to the College of Physicians), gives the following account of Hodson:—

"Dr. Hodson, physician to St. Thomas's Hospital, gradually fell into a wasting, and ceased to pine away on the 19th January, 1638-9. A man of lively intellect and countenance, second to few

of his fellows in sagacity, skill in languages, and skill in his art. Fond of a fine house and a fine horse, he lived a bachelor, having as his most intimate friend, Dr. Fox, who was his comrade in Italy, in the College, in practice, and in celibacy. When first, as a Censor, he courteously invited me to be examined, he approved me and afterwards became my friend. For the rest, he was neither immoderately fond of gaining money, nor too careless of it; never overwhelmed with practice, nor without patients; the latter result was prevented by his talent, the former he studiously avoided. He was fond of spending some weeks in the country during the summer, and in this followed the example of his friend Fox."

The next physician to St. Thomas's was Dr. Thomas Grent, who was, I am afraid, no very great ornament to our foundation. He was of New College, Oxford, M.D. of that University, and admitted Fellow of the College of Physicians in 1623. Grent was made physician to St. Thomas's on the death of Hodson, being elected at a Court of Governors, 4th February, 1638-9, in obedience to the direct orders of King Charles I. The king was moved, we are told, by the influence of the Countess of Denbigh, to whom the doctor's wife was related. Apparently through ill-health, Grent became unable to discharge the duties of his office, and at a Court of Governors held 7th December, 1640, Dr. Francis Prujean (of whom more hereafter) was appointed a temporary substitute for him, and was further elected to the reversion of the physicianship, to succeed if Grent should die within six months. Dr. Grent lived till 11th December, 1649, when he died in great poverty. During his lifetime, the Governors had several times voted him gratuities of £20 or £40, in addition to his stipend "in regard of his extraordinary pains and care taken for the poor of this house"; and after his death, their bounty was extended to his widow. A contemporary physician, Dr. Baldwin Hamey, in his MS. already referred to, has left a very unflattering account of Dr. Grent, which is given in Dr. Munk's Roll of the College of Physicians; but except so far as he reports Grent's want of success in his profession, it seems spiteful and exaggerated.

The next physician was a very eminent man, Dr., afterwards Sir Francis Prujean Physician to King Charles II., and for years President of the College of Physicians. He was also a man of great literary and scientific attainments, and a notable connoisseur in the fine arts. Beginning his studies as a sizar of Caius College, Cambridge, in 1610, he ultimately reached a distinguished position in the College of Physicians. When the great Harvey was elected President of the College in 1654, he excused himself on the ground of his age and infirmities, and recommended the continuance in office of Dr. Prujean, who had already been four years

President. Our physician resigned his post at St. Thomas's in 1652, and died 23rd June, 1666.

Sir Francis Prujean was a man of whom as physician to St. Thomas's we may be proud. One who was recommended by Harvey as the fittest President of the College of Physicians, and who enjoyed such universal respect and high distinction in his life-time, will not be forgotten, though he left nothing written by which we can judge of his medical capacity. The splendid portrait of him by Streeter in the Medical Committee-room, is the finest work of art we possess, commemorating any of our staff.

On Prujean's resignation, Dr. Edward Emilie was appointed physician 23rd January, 1651-2. Of him I have no time to say much, but even the sarcastic Dr. Baldwin Hamsey has nothing but praise for him, and says he was very successful in his practice at St. Thomas's Hospital, and that only a longer life was wanting to him to attain great eminence in his profession. He died young, at the age of 40, in November, 1657.

After Dr. Emilie's untimely death, there was a keen competition for his place. A large number of physicians presented themselves as candidates, including such eminent names as Dr. Barwick, Dr. Collins and others. At the court held 20th November, 1657, after "a free and fair election" as our annals record, the choice of the governors fell upon one of the most distinguished men on our roll, Dr. Thomas Wharton. Every student knows the name of Wharton's duct, and this notable discovery in anatomy was only one of the services rendered to science and medicine by our eminent physician. Dr. Wharton was born in 1617 at Winstone, Durham, and educated first at Pembroke College, Cambridge, afterwards at Trinity College, Oxford. On the outbreak of the Civil War he removed to London, and studied under Dr. John Bathurst, physician to Oliver Cromwell. When Oxford was taken by the Parliamentary party, he returned to the University and was created Doctor of Medicine 7th May, 1647, in virtue of letters of recommendation from Sir Thomas Fairfax, the great parliamentary general.

It will not be necessary to dwell on Dr. Wharton's life; but I may say that he was chiefly known in Anatomy by his researches on the glands published in a little book. "Adenographia," of which I show you a copy. It was of great importance in its day. The great Boerhaave, of Leyden, speaks of Wharton as "A most eminent anatomist, of the greatest authority in that science, a man of integrity and of the highest repute; not a great reasoner, but relying exclusively on the dissecting knife." Dr. Wharton acquired a large and important practice in London, and was among the few physicians who remained at his post during the Great Plague.

of 1665, when all the wealthier part of the population sought safety in flight. He was partly induced to remain because King Charles II. specially requested him to take charge of his plague-stricken soldiers, who were brought to St. Thomas's; with the promise of a future reward, which was never received. He was promised the place of physician to the King, but when a vacancy occurred, someone else was appointed; and all that Dr. Wharton got, was an augmentation to his coat-of-arms, for which he had to pay a fee of £10 to Heralds' College.

Now the best way to show what Dr. Wharton was really like, will be to read some extracts from his MS. letters, which have been kindly placed in my hands. They are taken from a book in which the doctor kept copies of his professional and other letters, and which has been preserved as a family memorial.

Dr. Wharton died at his house in Aldersgate Street, 14th November, 1673, in his 60th year, and was buried in St. Michael's, Basseshaw, in the City of London. The Church is now about to be pulled down, and the bones of those buried there have already been removed to the new St. Pancras Cemetery. The tablet placed there to his memory, I believe, remains for the present.

A week after Dr. Wharton's death, 21st Nov. 1673, a Court of Governors was held to appoint his successor, and there were several candidates, some of them very eminent men. The choice of the Governors fell upon Dr. Richard Torlesse, and the selection was not, apparently, a happy one. For some reason which we do not clearly know, Torlesse was dismissed from his office in the year 1683 by the Royal Commissioners who then administered the Hospital, and an eminent physician, Dr. William Briggs, was appointed in his place. I can only now say of Dr. Briggs that he was one of the first English physicians who devoted himself to diseases of the eye. He made valuable researches on the anatomy of the eye and on the Theory of Vision, which were partly adopted by Sir Isaac Newton, and I believe are still held to have been important in the history of the Science of Optics. But strange to say, Dr. Torlesse came back again. After the revolution of 1681, it was discovered that his dismissal was illegal. Accordingly a judgment of Lord Chief Justice Holt in 1681 reinstated Torlesse, and declared Briggs's election null and void. Dr. Torlesse, however, never seems to have got on well with the Governors, and was finally deprived of his office in 1703.

The Hospital was a gainer, for the Physician elected in his place was one of the great glories of St. Thomas's, Dr. Richard Mead.

Dr. Richard Mead, the most eminent physician in the age of Queen Anne and the first two Georges, was born at Stepney, 11th August, 1673, the son of the Rev. Matthew Mead, a divine who at

the Restoration of Charles II. was in the enjoyment of a city benefice; but was driven out by the Act of Uniformity, as he belonged to the Puritan party and refused to conform to the new rule in the Church. More fortunate than many of his Nonconformist brethren, Matthew Mead was a man of good property, and when he settled at Stepney in charge of a Nonconformist congregation, was able to give his son a good education. The English Universities being closed to him, he was sent to Holland, where he first studied classics and philosophy at Utrecht, and afterwards, for three years, Medicine at the celebrated school of Leyden. Thus Mead's exclusion from the English Universities was favourable rather than otherwise to his professional education. After completing his studies he travelled in Italy in comfortable circumstances, and acquired a taste for and knowledge of the fine arts which he never lost. He graduated at Padua 16th August, 1695, and returning to England, settled in practice at Stepney, without at first belonging to the College of Physicians. In 1702 he published his first medical work, on "A Mechanical Account of Poisons." By this he gained much reputation, and was in the next year elected a Fellow of the Royal Society.

His scientific reputation doubtless contributed to his election at St. Thomas's in the same year. He was also chosen as Reader in Anatomy to the College of Surgeons.

After his election at St. Thomas's, Mead practised in the City, first in Crutched Friars, afterwards in Austin Friars. On the death in 1714 of Radcliffe, who had been the most popular physican of Queen Anne's time, Mead removed to his house in Bloomsbury Square, then a centre of fashion, and resigned his post at the Hospital. Later, when at the height of his reputation and popularity, he occupied the fine old mansion in Great Ormond Street, which in our time has become the Hospital for Sick Children. Some vestiges of its ancient grandeur still remain. On the accession of George II. he was appointed Physician to the King.

He died 16th February, 1754, in his 81st year.

Mead's character was so many-sided, his life was so full of prosperity and magnificence, his medical reputation so brilliant, and he was so emphatically the representative physican of his age, that it is difficult to do him justice in the time at my disposal. But there are several good accounts of his life to which you can refer, such as Dr. Norman Moore's memoir in the "Dictionary of National Biography," and, as perhaps the most readable, one in the little work called "Lives of British Physicians."

I must confine myself to a few points.

First—his connection with St. Thomas's Hospital. He was Physician from 1703 to 1714; and numerous references in his

writings make it evident that he did his duty thoroughly, and investigated his cases with great care. He made valuable clinical observations, though not any great discovery in medicine. One valuable practical method which he introduced is still in use.

He observed that in cases of Ascites, when the fluid was removed by tapping, the patients sometimes suffered from fatal syncope. He concluded that this must be due to the sudden loss of pressure, and accordingly ordered a strong bandage to be placed round the abdomen and gradually tightened as the fluid was withdrawn.

The operation, it is said, which was before often attended by fatal accidents, became safe. This is of course the method we now use every day in the wards. Let us call it Mead's method.

He was the first to show that the mortality from measles, which is said to have been at that time very great, was due to pneumonia, and by treatment based on this principle he greatly reduced the mortality. We might quote other instances of sound clinical observation. Mead also attached great importance to post-mortem examinations, though the information conveyed by them in those days must often have been ambiguous. In 1714, when Radcliffe died, Mead's increased position and residence far from the Hospital compelled him to give up his appointment at St. Thomas's. The Governors received his resignation with many expressions of regret, and at once presented him with a Governor's staff; an honour at that time seldom conferred upon retiring physicians or surgeons, if indeed it was ever before.

Dr. Mead showed his interest in the Hospital by subsequently attending the Courts as a Governor. It was also largely owing to him that Guy's Hospital was founded, for he persuaded the bookseller Guy, who was also a benefactor of St. Thomas's, to devote his large fortune to that object. Mead was a Governor of St. Bartholomew's and I think also of Guy's Hospital, and among the first supporters of the Foundling Hospital.

Mead's private practice was probably more brilliant and lucrative, in proportion to the value of money at the time, than that of any other physician we know of. It was an age in which wealth was rapidly increasing throughout the country. There were two classes of very remunerative patients, the Court and aristocracy at one end of the town, the City merchants and bankers (who then lived in the City) at the other. Conveniently situated between the two, Mead reaped a large harvest from both classes.

A third class of society, distinct from either, the literary world—the wits and scholars—were not less devoted to Mead. Among them he had his closest friends, his most faithful patients, his warmest admirers. Pope has in one line immortalised our two great St. Thomas's names :—

"I'll do what Mead and Cheselden advise."

Young (the author of "Night Thoughts") has—

"Alive by miracle! or what is one, alive by Mead."

But I don't ask you to admire Mead because he was the most popular physician of the day, or because he made the largest income. Wealth and popularity are excellent things, but after all, we ask, what use did a man make of such splendid gifts of fortune? and on what did his popularity rest?

What kind of physician was Mead? It is very difficult to judge what practice was like in past times, but we must conclude that Mead was a good practical physician. He possessed every kind of training and knowledge that Europe could give him. He was evidently a wise and sagacious adviser. His character commanded the respect and secured the obedience of his patients. He was honest and fearless, with great confidence in himself, but incapable of deluding his patients with false pretences. So far as one can judge, his treatment was very successful.

Of his numerous and valuable writings I have no time to speak.

Finally we ask, what kind of *man* was Mead really, apart from his position, his magnificence, his learning? First, no doubt he was a genuine, upright, honourable, christian man, faithful to his friends, and affectionate to his family, benevolent to all in need. Nothing mean, false, ungenerous was ever laid to his charge. His motto was *non sibi sed toti* ("not for yourself, but for all") and he lived up to it.

Now if we want a little shadow to bring out these high lights and make our picture less monotonous, we can find it; but is of no very damaging kind. Mead had a temper; he was proud, and also somewhat choleric. Like many, or perhaps most men noted for munificence, he liked to be in a position of superiority. He had some quarrels. One with Dr. Woodward, a Professor of Gresham College and notoriously a man of strife, is said to have ended in a duel, but the evidence is a little shaky. Another story illustrates Mead's character better. Among contemporary physicians, a very popular one was Dr. Cheyne, author of many popular medical works, which being not only written in English, but purposely adapted to attract the attention of the lay public, gave him then, as they would now, a doubtful reputation in his own profession. One of Mead's patients, a clergyman, whom, as his custom was, he attended gratuitously, had been reading Dr. Cheyne's works, and ventured to quote something from them in criticism of Mead's opinion. You may imagine the indignation of the magnificent Mead, on having Dr. Cheyne thrown in his teeth. He forgot himself so far as to use about Dr. Cheyne and all his works, language stronger than clerical ears are accustomed to listen to; and even departed from his usual

habits in accepting a fee from the reverend patient (though he afterwards returned him half of it).

This was his weak side, we may be all of us glad if nothing worse could ever be said of us.

Mead's features are known to us by several portraits. The fine engraving which Mr. Cobb has been so good as to photograph for us is one of the best. The marble bust in our hall is a copy of the splendid original in the College of Physicians by Roubiliac.

For a summary of Mead's professional and personal character, I can only refer you to that charming little book the "Lives of British Physicians."

The Parsee Method of Disposing of the Dead.

PICTURES of the "Towers of Silence" have more than once raised in me a curiosity with respect to these extraordinary buildings and a desire to witness the ceremonies which accompany their use. Being in Bombay one has lately had full facilities to investigate this interesting subject.

Bombay is, of course, the great centre of the Parsee community, and it is to the courtesy of certain Parsee gentlemen that I am indebted for an introduction to the priest at the "Silent Tower," and for much information.

As to the origin of the Parsees as a race—one will take it for granted that the reader is already familiar with the little that is known of their expulsion from Persia by the Mahometans many centuries ago. Their religious beliefs are of great interest, and have a bearing upon our subject.

The term "Fire worshippers" is, so I am assured, a relic of medioeval inaccuracy of observation. It is true that a fire of sandal and other aromatic woods is kept perpetually burning in the "Fire Temples," as the Parsee places of worship are called, and that the fire from which these were originally kindled is stated to have been brought, many centuries ago, from the home of the race; my informants tell me, however, that fire is sacred only because it is looked upon as the most apt symbol of the Supreme Being. Respecting fire in this way, Parsees will not use it to dispose of their dead, as do the Hindus, neither will they smoke or carry matches about with them—for these actions would be deemed to savour of the irreverent.

The "Towers of Silence" in Bombay are situated in an extensive garden upon the Malabar Hill, the best quarter of the town. As one's carriage climbs the hill you begin to have a sensation of being watched and, if by chance you look up, you observe that

the top branches of the roadside trees are bowed down by the weight of expectant vultures. The vulture is at no time a winsome fowl, but when he sits on a tree and cranes his neck out at you as though he were gently praying that you may prove to be a dead Parsee, you really loathe him. Arrived at the carefully guarded entrance to the grounds, we are met by a sleek gentleman, dressed, vertex to hallux, in white linen, and with nicely trimmed beard. This man is the priest of the Fire Temple which stands adjacent to the towers, and your first thought about him is, that to retain his condition of gentle good humour, he probably spends only a small portion of his time at the towers; but then priests are apt to be misleading wherever one finds them.

Conducted by the man in white we take our way down trim gravel paths, catching here and there among the trees glimpses of flower beds, garden vases, and little fountains. We come at last to a notice board requesting the visitor to stay his footsteps and proceed no further; becoming now somewhat absorbed in thought we leave this board behind us and proceed on our way until we are suddenly recalled to ourselves by the panting of the white man behind us, who lays a hand upon our arm and implores us to return to the place appointed for unbelievers. As we now stand close to, and in full view of, the tower, we fail to understand what the good man says, but when at length he has made his meaning quite clear we have taken in everything there is to be seen, and now—with many apologies, retreat to the neighbourhood of the notice board.

The tower which we have seen is one of the four or five standing in the grounds, and is the one now in use. It reminds one of a large martello tower, having no roof and being circular: with a single, heavy iron door, some distance above the ground. This door is approached by a short incline. At one side of the door the wall is pierced by a small, circular aperture (the only hole in the wall besides the doorway). A person standing inside the tower can, by looking through this hole, see the fire which is always burning in the temple some way off among the trees. To get up and have a peep at the temple fire would be only a sentimental gratification to a living person left in the tower with the dead, and thus something more practical has been provided in the shape of a ladder fixed against the inner surface of the wall. Even with this ladder I doubt very much whether a prematurely buried Parsee would escape the vultures, at any rate he would need to be an agile Parsee if the birds were hungry.

The floor of the tower, on which the bodies are laid in concentric circles, is of masonry and is on a level with the door, that is to say, above the ground level; the floor slopes towards the centre where there is a circular well into which all cleaned bones are thrown by

the bearers who carry a fresh body. This central well serves to receive the drainage of the whole tower, and from its bottom run four underground passages opening into subterranean filtering chambers. These filtering chambers are outside the circuit of the tower; they are filled with sand and charcoal and can be opened up, cleansed, and repacked with fresh materials every four years. The heavy iron door of the tower is kept carefully locked, and the building can only be entered by the two body-bearers. These men are professionals at the work, and inherit their employment from their fathers.

All the details of this peculiar custom seem to be scrupulously observed by the Parsees, and are said to differ little, if at all, from the procedures adopted many hundreds of years ago.

A few words as to the funeral ceremonies:—The deceased is always carried by two men from the home to the tower; it is not allowed to convey him upon a vehicle; more than two bearers are not allowed to carry the body, and the same number must carry the smallest remains, even those of an infant. The corpse is dressed in new white clothes, covered with a white sheet, and carried in a light bier. The bearers and the mourners are dressed entirely in white and wear white gloves upon their hands; these gloves do not look comfortable, they have no finger divisions. The mourners must all walk, and as they walk must go in twos, each of two holding either end of a white handkerchief or piece of white tape. This white tape is the "pai wan," and symbolises the bond of sympathy. Arrived near to the tower the body is set down upon a large slab of stone and the "sag deed" is performed. This rite consists in sending one of the bearers for one of the two or three dogs which are kept in the grounds. (The dog which performed whilst we were there was a small animal of very doubtful antecedents). The dog, held in check by a white cord fastened to its collar, is led up to the body; one thinks involuntarily of the life history of the "*Taenia Echinococcus*" and prepares to depart, but before you have time to turn round the "sag deed" is finished, and the little mongrel is being led back to its kennel. The meaning of this mystery is that if the body be that of a person not really dead the dog will show it by his behaviour, and thus a premature confinement to the tower will be avoided. Prayers being now offered the mourners all look for the last time at the uncovered face and then leave the grounds; the bier is lifted by the two bearers and carried into the tower; here the clothes are all cut or torn off (they may not be taken off) and the body is placed upon one of the divisions marked out by shallow channels in the floor. The bearers now retire locking the door of the tower and bringing with them the bier and the clothes. It is now the duty of the bearers

to go into the garden and give peculiar whistles, a signal well-understood by any vultures in the neighbourhood. When we were there we considered this invitation quite unnecessary, for a score or more of the obscene birds had, during the last rites, been balancing their ungainly bodies upon the top of the tower wall and quarrelling hoarsely amongst themselves for points of vantage,

The bearers say that the deceased is a complete osteological specimen in about five minutes, but, according to some observations undertaken by the Government when the plague was at its height, it takes some fifteen to twenty minutes for the vultures to complete their work.

Why the birds did not contract plague during the time when almost every "candidate for the tower" had died of the disease must be explained by a natural immunity I suppose. One of them did fall ill some months ago and being caught was brought to one of the plague research laboratories; here he seems to have recovered very rapidly and acquiring ideas of his own upon serum diagnosis and kindred topics he took "French leave" through an open skylight.

The clothes of the deceased are thrown into a specially prepared pit where, whilst plague is prevalent, they are very efficiently disinfected by having strong sulphuric acid poured upon them.

Taken altogether the Parsees' method of disposing of their dead provides material of interest to the sanitarian, the medico-jurist and the archaeologist—to say nothing of the vulture.

WILFRED WATKINS-PITCHFORD,

Bombay, December 30th, 1897.

Three Cases of Intra-Cranial Abscess.

E.W., female, æt 21, was admitted with a history of pain and discharge from the right ear of one year's duration. Three weeks before admission the discharge had stopped, and the pain had become aggravated; but four days later the discharge returned, the pain remaining severe, and becoming diffused over the head. Three days before admission the patient became delirious at night, and vomited twice. There were no rigors. When seen in bed the left lateral position was assumed, and all interference resented. Questions were not answered because not apparently understood. There was no paralysis, and the pupils were equal and reacted to light and accommodation. The right knee-jerk was slightly brisker than the left, but in a few hours both were equal and slightly brisker than normal. Both membranes were perforated, while there was some tenderness

and oedema over the right mastoid. Pulse 58; Temp. 101. On the following day the right mastoid was opened, and pus evacuated from the antrum. The cerebellum was then explored, with negative results. A trephine opening was then made directly over the meatus, and $1\frac{1}{2}$ inches above it, when pus of a very foul variety was set free. The abscess contained about 2 oz., and lay $\frac{1}{2}$ inch from the surface. The brain substance was then divided over the cavity, and two drainage tubes inserted, through which the pus was washed out. The progress of the case was uninterrupted, except for the occurrence of facial paralysis which supervened on the day following operation. In eight days the tubes were removed, and the cavity packed with gauze, when it was noticed that the abscess had come nearer to the surface, as was hoped would be the case when the brain substance over the cavity was divided. A hernia formed, and was removed on the thirteenth day, after which the wound granulated up well. When the patient left the hospital on the sixty-fourth day the watch could be heard at two inches by the left ear, and at $\frac{1}{2}$ inch by the right. The facial paralysis continued unimproved.

The next case is similar to the last both with regard to the cause and situation.

G.H.C., male, æt 38, Porter. The patient gave a history of discharge from the left ear for eleven years, while three weeks before admission he got wet and then began to feel unwell and suffer from malaise, vertigo, and pains in the head. He also vomited once or twice. As the headache did not improve he was admitted. Stacke's operation was successfully performed, and all continued well except that the skin of the patient became extremely sallow, indeed almost corpse-like. On the fourteenth day the patient became incoherent, and refused to take his food properly, scattering most of it about his bed. Pupils small and equal, and acted directly and indirectly, to light. There was no suggestion of hemiopia, but the patient's state was such that an accurate examination was well-nigh impossible. The right disc was normal, but the left was possibly in a state of very early papillitis. Next day the patient had aphasia, alexia, and agraphia, slight but distinct right-sided hemiplegia. The left knee-jerk was brisker than the right. Ankle-clonus was not present. The temperature had been sub-normal since admission, but not below 97. The pulse fell gradually from 82 to 65, and then to 50. On the sixteenth day the brain was exposed just above the top of the pinna. A trocar introduced in a forward and inward direction encountered a definite resistance, and then entered an abscess from which $1\frac{1}{2}$ ounces of foetid pus were evacuated. A finger introduced showed that the abscess was continued forward to the apex of the temporal lobe. More bone was accordingly re-

moved, a second opening made into the front of the abscess, and the brain substance divided between them. Two tubes were then introduced, the cavity around them packed with gauze, and the scalp flaps sutured. The pulse rate rose directly the abscess was tapped. After the operation the course was one of steady improvement, the hemiplegia passing away, and the power of reading, writing, and speaking gradually returning, though for some time the patient could not copy rightly, and when asked to copy a word written in capitals would write it in running character.

About six weeks from the operation the patient was considered well, and the question of a convalescent home was mooted. A few days later there was some pain in the head and the scalp over the trephine hole was seen to bulge. The temperature rose to 103, followed by a rigor, after which the patient became more and more unconscious until coma supervened. There were also several attacks of vomiting. The pulse was about 100. The wound was opened up and much pus evacuated, and a tube introduced. The operation was followed by some return of consciousness and alleviation of the other symptoms. The improvement was, however, only temporary; the temperature again rose and the unconsciousness again deepened into coma, death resulting on the fourth day from the evacuation of the second abscess.

One fact is worthy of note in this latter part of his illness, and that is the return of the subjective sensation of a bad smell of which he also complained to his wife in the onset of the first trouble.

P.M.—The abscess occupied the whole of the temporo-sphenoidal lobe. The angular was quite free, thus supporting Bastian's contention that agraphia alexia and aphasia may result from a lesion of the temporo-sphenoidal lobe.

The third case of intra-cranial abscess is one that occurred in the cerebellum, and was also dependent on ear disease.

K.E., female, æt 12, gave a history of discharge from the right ear for six years, though the history was not very satisfactory. Three weeks before admission she had an attack which commenced with a rigor, and was thought to be an attack of influenza, and was followed in a few days by two attacks of vomiting and impairment of her mental faculties, so that answers to questions became confined to "No" and "Yes." The temp. was about 102° F. On examination the patient was seen to lie curled up on her left side, and to resent all interference. There was well-marked right brachial monoplegia. Pupils equal, sometimes dilated, sometimes contracted. Temp. 99; pulse between 88 and 120. Well-marked left optic neuritis. Knee-jerks equal and about normal. Mastoid antrum cleared out, and the vein found thrombosed. The cerebellum was then explored, and $\frac{3}{4}$ ounce of pus evacuated from the

anterior part of the right lobe. Tube inserted into the abscess, and the wound closed. On the following day the condition was the same except that some twitching of the right side of the face was noticed, and the right knee-jerk was not to be obtained. On the fourth day the temp. rose to 103, and the vein in the neck was tied, and a second collection of pus found in the cerebellum. Vertical nystagmus was now seen to be present. The twitching of the face now extended to the whole right side, and even sometimes involved the left, coming on in spasms during which the right eye, or sometimes both eyes, were turned up and to the right, while the pupils became dilated and fixed. On this day right facial paralysis was noted, and no knee-jerks could be obtained. The general condition of the child varied between a state of semi-coma and wild screaming fits. The pulse was 150, and strong but irregular; the temp. was about 102. This state continued until the seventh day, when the temp. rose to 105, and the extremities became cold. The temporo-sphenoidal lobe was explored, but nothing was found. On the following day the child died.

P.M.—There was no meningitis. In the anterior part of the right lobe of the cerebellum were situated two abscesses, which had been drained, but behind these, and replacing the dentate nucleus, was a cavity containing pus which had not been opened at all.

This last case is of great interest because it shows how the cardinal signs of intra-cranial abscess can be masked by the presence of a suppurating focus; by this is meant that instead of a slow pulse and sub-normal temperature there was a rapid irregular pulse and a raised temperature. These last two symptoms, taken in conjunction with the screaming attacks, retraction of head, and general twitchings seemed to point to the presence of meningitis, which was shown at the post-mortem to be entirely absent. The third abscess found after death is only another example of what is so disappointing, namely, that although an abscess is found and evacuated and all goes well for a few days, yet at the end of about a week the patient begins to go down hill, and after death another unopened abscess is found. It may be that the drainage is imperfect, and so leads to the formation of another collection of pus. If this is the case then it may be that by dividing the brain matter over the cavity, and so affording better drainage, the results will be more encouraging.

Christmas, 1897, in St. Thomas's Hospital.

WE have to congratulate our nursing staff on having made, as so often before, a great success of the Christmas Festivities. The few days of gaiety were much enjoyed by the patients and numerous visitors, and not less by all those who were privileged to help in the preparations. All the patients seemed the better for them. The excitement of the decorations, concerts, and other amusements seemed to be a more than efficient antidote for the universal indulgence in plum-pudding, roast beef, smokes and cakes. So much so, that it is proposed to add a stock of banjos, cornets, and other instruments to the resources of the dispensary. All day on Friday, the 24th, decorations went on with immense activity, students and nurses working with the utmost vigour, so that by Christmas day, at five o'clock, the whole hospital presented a truly marvellous appearance. Every one of our large wards was brilliant with hundreds of lanterns and fairy lamps. It was impossible to say which was the prettiest except at the moment of entry into each ward, when in each case our mind was quite convinced that this particular one "took the cake." Every patient gave a friend tea and good things, and not tea and milk in a mug, but real tea out of a teapot, and in thin cups. On Sunday the patients slept soundly all day, and on Boxing-Day were ready and eager for fresh excitements. At dusk the hospital burst out once more into a blaze of coloured light, and the Nightingale Home sent forth a band of carollers who, followed by a crowd of visitors, discoursed sweet music in every ward from Florence to Adelaide. In Adelaide "Auld Lang Syne" roused the suppressed enthusiasm of all hearers to the highest pitch, and the band of singers was escorted home with a storm of vocal applause that only the hand of the matron could still.

On Tuesday began a series of excellent concerts. There were concerts in Beatrice, Leopold and Clayton, on Tuesday; in Adelaide and Elizabeth on Wednesday, and in Charity on Thursday. We were delighted to see, distinguished among the performers, many members of our staff. We take this opportunity of thanking them and the many other friends who delighted our ears during that week, on behalf of everyone in St. Thomas's, and we can assure them that their efforts gave very great pleasure to the patients and to all of us. Victoria ward was unfortunately closed for disinfection, so that the annual festivities could not be held there. On Friday the wards were stripped and business-like again, and Christmas was gone, leaving among us a general feeling that it ought to come at least once a month.

Hospital News.

THE GAZETTE is now entering upon the eighth year of its existence. During the past year no outward change has occurred, but the amount of matter has been somewhat increased—amounting to some twenty pages—practically an additional number. One advance has been made in the number of illustrations, of which there have been thirteen—a large increase, and one that has involved considerable expense. We should like to see more subscribers among the old St. Thomas's students, and trust that all students when leaving the hospital will put their names down as subscribers. The subscription is only five shillings per annum. The early numbers of the GAZETTE are already scarce and make most interesting reading. Pictures and articles of great local interest appear in it which would otherwise be lost—for it contains information that can be gathered from no other source. Contributions from old St. Thomas's men are always welcome, but unfortunately we get very few.

With this number the GAZETTE appears with an illustrated cover, for the design of which we are indebted to the high artistic skill of Mr. Pilcher. Although King Edward the Sixth was not the founder of the hospital—for it was in existence before the year 1207; yet he granted it its second charter and refounded it, so that he takes a high position among its benefactors. Mr. Pilcher's design is founded on the excellent bronze statue which stands in the hospital grounds near Westminster bridge, and which used to stand in King Edward's Square in the old hospital.

In the distribution of the Prince of Wales's Hospital Fund, St. Thomas's has been awarded £1800, the first instalment of an annual grant of that amount.

For some time rumours have been current to the effect that the Mercers' Company were giving a large donation to the hospital, and an official intimation of a gift of £10,000, as a special Jubilee memorial has just been received from them. This gratifying news is another example of the magnificent generosity of the City Companies. This gift we may say is the result of the Treasurer's efforts to get a whole ward maintained by the City Companies—a scheme which was very nearly carried through.

As a result of these contributions, Mary Ward is now being prepared for patients, but whether for medical or surgical, male or

female, has not yet been decided. There is certainly considerable need for more beds on the female medical side.

For his success in the B.S. Honours Examination we tender Mr. Dyball hearty congratulations. He has been awarded the gold medal and a moiety of the exhibition.

Mr. Sikes has obtained the medal founded by Dr. Bristowe for an Examination in Pathology.

What might have led to a serious fire occurred recently in the physiological laboratory, when part of the bench by the windows was burnt down and the wall damaged. It arose apparently from a gas regulator which is burning constantly there. Fortunately it occurred in the early morning, and was speedily discovered and quelled before any great damage was done.

"The Guyoscope" has apparently come to an untimely end, possibly as the Guy's Gazette says, it may be only a case of suspended animation. It has lived a year, and it has been very funny—perhaps too funny for some sensitive souls. Some of its caricatures have been particularly good. While regretting the demise of "The Guyoscope" we have to welcome the birth of "The Sphygmograph," for which the London Hospital is responsible. It also is in addition to their present Gazette, and is intended to portray the lighter and social side of Hospital life. We wish it success.

The date of the Nurses' Concert has been fixed for January 28th.

Dr. Brodie has just brought out a book on "Experimental Physiology"; it is in the same series as Schafer's "Histology" and Halliburton's "Chemical Physiology."

Dr. Cory has just written a work on "Vaccination."

Miss Boyd-Carpenter has been appointed Sister to St. Thomas's Home, and Miss Empson has succeeded her as Sister Christian.

In Memoriam.

WILLIAM HENRY JOHN PATERSON.

It is with sincere regret that we have to announce the death of William Henry John Paterson which occurred on January 2nd, during his term of House Surgeon to this hospital.

He joined this hospital in October, 1889, as Merchant Taylor's Scholar, and after passing the Preliminary Scientific Examination of the London University in July, 1890, he entered on his Medical curriculum in the winter of 1890. During the time he was in the school he gained three first-class certificates, and passed the final examinations of the Royal Colleges in 1896. After filling the posts of Clinical Assistant in the Ear Department, House Physician, and Assistant House Surgeon, he entered on the duties of House Surgeon in September of last year, and continued to discharge them until a few days before his death.

The death of a St. Thomas's man who is but recently qualified, and therefore known to many who are still about the old school is an event that touches us all, but when a death occurs in College House of one who is still serving his Hospital, it comes home to one very acutely. No one who had worked with Paterson could fail to be struck with the keenness and enthusiasm with which he went about his daily duties, and with the way in which he gained the confidence and respect of the patients under his care. He was a willing, capable and careful officer, and a man who could be trusted to do the best for every case which came under his care in a willing and cheerful manner. No one could wish for a more courteous and kindly colleague.

CHARLES R. M. WOODWARD.

IT is with the deepest regret that we have to record the death of Charles R. M. Woodward, who died early in November last at Towoomba, Queensland, of which place he was a native, having been born there in 1869. Joining St. Thomas's in 1886, he took the double qualification in 1893. Dr. Seymour Taylor, in a letter enclosing a long cutting from the *Towoomba Chronicle*, says of him:—"I am sure he will have left behind him, at his Alma Mater, a memory which will be cherished by all who knew him. He was a quiet, unassuming and plodding student; and I who knew him intimately can bear testimony to his sterling merit." He was a keen athlete and a general favourite, every one who knew him speaking of him in the highest terms. One of the saddest features in connection with his death is the fact that six weeks before, his marriage had taken place. The *Towoomba Chronicle*, which devotes almost a column to his death, says:—"He was one of Towoomba's best and most promising sons, and his early loss is one that can only be deeply deplored. Seldom, if ever, has a death been so universally regretted in our town." To his bereaved widow and parents we offer our sincere sympathy.

Rugby Football.

FIRST FIFTEEN v. SANDHURST.

Played at Sandhurst on December 11th. The Hospital was poorly represented, as three of the usual backs and four forwards were unable to play.

From the start the game was very fast and chiefly confined to the forwards; for a short period in the opening half the Hospital, though playing against the wind and uphill, attacked and came very near scoring. However, Sandhurst soon showed their superiority in passing and in combination, for breaking through our defence they scored two tries in succession; neither were converted.

In the second half we showed improved form, taking the ball, again and again, by good open play amongst the forwards into their quarters. From one of these rushes Thorp scored near the corner flag; the kick at goal was a failure.

We were unable to score again, and the match ended in a defeat by two tries (6 points) to one try (3 points).

Hospital Team—H. Wheelwright, L. F. Hanbury, C. M. Goodbody, S. Pern, R. H. Bridges, E. T. Holland, H. R. Bateman, H. C. Thorp, A. E. Martin, J. F. Cunningham, J. H. Latham, S. O. Bingham, F. S. Taylor, P. T. Sutcliffe, H. T. D. Acland.

FIRST FIFTEEN v. CIVIL SERVICE.

Played at Richmond on January 8th, and resulted in a win for the Hospital by two goals (10 points) to one try (3 points). Our first try was obtained by Thorp, who followed up a kick from a mark by Bingham, and securing the ball just in front of their goal, scrambled over. Browne kicked a goal.

Just before the end of the opening half Lambert scored for the Civil Service, but the try was not improved upon.

In the second-half Bateman made a grand run from near the centre, and evading all their backs scored behind the posts; Browne was again successful with the place kick. Nothing more was scored, and the game ended as stated.

Throughout, our play was without combination and without dash; unless there is very marked improvement, we shall fare badly in approaching Cup Ties.

Hospital Team—H. Wheelwright, L. F. Hanbury, B. G. Patch, E. W. Browne, R. H. Bridges, E. T. Holland, H. R. Bateman, H. C. Thorp, A. E. Martin, F. M. Bingham, J. F. Cunningham, H. T. James, G. H. Latham, Z. Stephens, H. T. D. Acland.

The following is the draw for the Cup Ties. The first round will be played on January 27th, the second round on February 9th, the semi-final on February 24th, and the final on March 6th.

Westminster ...	}			
St. Thomas's ...	}			
Charing Cross ...	}			
University College	}			
London ...	}			
St. Bartholemew's	}			
Byes—King's	}			
Middlesex	}			
St. Mary's	}			
Guy's	}			
St. George's	}			

Association Football.**CUP TIES.****FIRST ROUND.**

- A. Charing Cross *v.* Guy's.
- B. London *v.* Middlesex.
- C. St. Mary's *v.* St. Bartholomew's.
- D. St. Thomas's *v.* University College.

SEMI-FINAL.

Winner of A *v.* winner of D.

Winner of C. *v.* winner of B.

FINAL.

Books for Review.

CATECHISM SERIES: SURGERY. Part VI. E. & S. Livingstone, Edinburgh.

This Volume, the VI. part of the System, includes the Surgery of the Head, Neck, and Thorax. A series of questions are asked to which answers are appended. The choice of questions is on the whole good. The answers are short and to the point, but some, *e.g.* as to a question on the common diseases of a region, give the student no idea of the relative importance and frequency of the diseases affecting it, and his clinical experience being limited are likely to lead him into error. The space taken up by some of the rarer diseases such as Hernia of the lung might be better occupied by a more lengthy section on Diseases of the Breast, etc. The description of operations with their anatomical points are good, as also are the illustrations. Such a book might be of use for purposes of final revision, but should on no account be read to the exclusion of a text book.

SOME POINTS IN THE ANATOMY, PATHOLOGY AND SURGERY OF INTUSSUSCEPTION. By D'Arcy Power, M.B., F.R.C.S. Rebman Publishing Company, Limited. Price, 4/-.

The basis of this interesting little book is a course of Hunterian lectures delivered at the Royal College of Surgeons in 1897, and the author is to be thanked for having placed the subject before the profession in such a compact form. The first chapter dealing with the minute anatomy shows a vast amount of exact and original investigation, but it is from the study of the second and third chapters that the surgeon may gain many hints of importance. Among the latter we might refer to the experimental work on the action of drugs on peristalsis and the suggestive application of Barium chloride in the treatment of ileus. In the chapter on

treatment the advantage of water injection for reduction is strongly advocated and exact details given for its application. In the cases demanding enterectomy time can only prove the advantage of any particular method, but it is certain that the method, strongly supported by the author—Maunsell's—is a good one, and above all things speedy, which is so essential.

A HANDBOOK OF THERAPEUTICS. Ringer and Sainsbury. 13th edition. Messrs. Lewis, London. pp 746. 8vo. Price, 16s.

When a book has reached its thirteenth edition it is a more than sufficient indication of its popularity and of the esteem in which it is held. The present edition includes a description of the Nauheim-Schott treatment, and an up-to-date account of serum-therapeutics. As regards the description of the various drugs—their physiological effects and their scientific application in the treatment of disease are given fully; moreover we are not burdened with preparations and doses which are a weariness to the flesh. There is a vast amount of clinical information in the text and it is written in an eminently readable style. Therapeutics is a subject which by many students is considered very dry; this book should go far to dispel that illusion. The subject is prone to be neglected, but we can promise anyone who will take the trouble to read this book that they will derive the greatest benefit from it. The print, binding and general appearance are all that can be desired.

Examination News.

UNIVERSITY OF LONDON.

M.D. Examination.—G. G. Genge, A. E. Russell.

B.S. Pass Examination.

1st Division.—B. Dyball, A. L. Home, A. W. Sikes.

2nd Division.—J. P. Scatchard.

B.S. Honours.

1st Class.—B. Dyball, Gold Medal and Moiety of Scholarship.

2nd Class.—A. L. Home.

3rd Class.—A. W. Sikes.

B. Sc. Honours.

Experimental Physics, 2nd Class.—R. E. Roberts.

Zoology, 3rd Class.—A. B. Lindsey.

UNIVERSITY OF OXFORD.

Final Examination.—C. A. Reynolds.

UNIVERSITY OF CAMBRIDGE.

Second Examination.

Part I.—F. J. Child.

Part II.—T. W. Paterson.

Third Examination.

Part I.—W. C. Ambrose, E. M. Corner, A. V. Peatling, P. W. G. Sargent.

Part II.—F. H. Allfrey, R. H. Bell, J. R. Charles, A. H. Greg, F. R. Martin.

St. Thomas's Hospital Gazette.

No. 2.

FEBRUARY, 1898.

VOL. VIII.

Pioneering in Angoniland.

I.

WHATEVER may be the discomforts of the African Interior, the Dark Continent possesses fascinate attractions. These irresistibly compel the return to its inhospitable wilderness of him who has once experienced the untrammelled freedom from conventions which have there no part. The charm of treading paths and gazing on scenery previously unknown to Europeans, the innate love of danger peculiar to the Britisher, the possibility of sport, the satisfaction of considering himself one of the fittest should he survive the difficulties and the hazards; to these are mainly due the exodus from the old country of the band of adventurers who have done so much to extend the sway of the Empire and its civilization into regions which but two decades since were merely blank spaces in the cartographer's contour.

Tact disarms native suspicion, presents excite cupidity and a welcome, arms of precision minimise the risk from wild beasts, but disease remains to daunt the explorer. Consequently, when as to-day the exploration is conducted more for commercial than for adventurous objects, the medical officer is regarded as a necessity to prevent waste of life and of time, while in the institution of good relations with the natives medical aid to their sick plays no small part.

Previous journeys to Africa, some of which have been told in this Journal, actuated me to join an expedition whose object was to open up the district north of the Zambesi, limited by Lake Nyassa and the Loangwa on the East and West respectively, and which lay between the 13th and 15th parallels. On this bent I left Southampton early in May, 1896. The ocean route to Table Mountain, thence round Cape Agulhas to Natal was quite a familiar one, and there is no need to dwell on the exhilaration produced thereby, particularly when the steamer is taking out combatants anxious to get to the front, and when conversation is mainly directed to the possibilities of the great territory indissolubly connected with the name of Rhodes.

At Natal the first lists of those who had given their blood for the new possessions, proved the Matabele to be in grim earnest, and..

the good tidings of Surgeons Sutcliffe and Redpath made one feel proud to know this Hospital was once again in the vanguard, if the ludicrous hardships they had to endure excited some amusement.

However, my sphere of action lay full four hundred miles to the north of Salisbury and we never met. Soon the coasting steamer brought me my first patients. These were two old army officers invalided home from the Zambesi with malaria and dysentery. Sorry wrecks of well-built men they were, and I sent them to the Convent Hospital under the care of one of our old house-surgeons, since the coast steamer for Chinde, on which I was to be a passenger, was returning almost immediately.

After 13 months' absence, I had the pleasure of seeing them both, looking fit, subsequent to their return from England.

The coasting steamer afforded the most miserable accommodation possible. She was crowded with passengers, officers, planters, prospectors, missionaries and artisans proceeding to Umtali and to the Central Protectorate, and at Delagoa Bay some further two hundred and fifty Inhambane boys who were returning from the Transvaal mines joined us as deck passengers, with not a few Banyans who act as shop keepers and pedlars along the coast. The Africans were decorated with all sorts of tawdry finery, gaudy blankets, caps of many colours, in contrast to which, with savage custom, bangles of iron and copper wire were strung on their legs. Prostrated with sea-sickness, some lay on the iron decks, others huddled around on the hatches or timorously collected round the galley for water, paying shillings for a canful without much demur. Arriving at Inhambane it was with no feeling of regret, though perhaps with pity for them in the extortions they were subjected to, that their departure from the steamer in lighters was witnessed. The tenacity with which they stuck to their bundles of old European clothes, musical instruments, parti-coloured umbrellas and wire coils, as they were unceremoniously directed down the ship's gangway amid a chorus of banter, vociferations and British oaths, was ludicrous to behold.

At Beira a passenger had a return of malarial hæmaturia; the ship's drugs on board were few, and my cases were far down in the hold. However, the prompt exhibition of phenol in one minim doses, with pilo-carpine every hour, relieved the dangerous symptoms and effected a recovery. At Beira some of our passengers left for Umtali, and there we learnt the Mashonas were up and the roads blocked to Salisbury.

Malaria is the curse of the coast district here; the advanced anæmia in the railway workers was terrible; deaths were frequent, and yet the high rate of pay attracted labourers from the old colony and Natal.

The rinderpest was then raging, hardly any transport oxen remained, and on the few mules and donkeys depended the traffic to the westward.

After a week on board this unwholesome ship Chinde Bar was at length crossed, and anchor dropped off the stockaded British Concession, on which goods intended for the Shiré Highlands are landed free of Portuguese inspection.

The small stern-wheel steamboats which ply on the Zambesi and the Shiré lay either at their moorings or steamed about the wide roadstead, while two or three hulks appeared in contrast as stationary giants. Behind the river foreshore, slightly elevated by sand-dunes, the Portuguese had built their government offices, whose whitewashed walls, with windows and doors limned in green, afforded in the bright sunlight a strong contrast to their dull red roofs. Far beyond these, over an expanse of bushes, a further stretch of sand could be seen, on which the huge surf-impelling rollers of the Indian Ocean were breaking with sullen roar.

Very soon a small fleet of boats brought off the Europeans of the port anxious to hear the last news from further South, and Zambesi boys arrived in lighters to discharge the vessel. My mining companion and I decided not to stay on shore and court malaria, but proceeded at once to the "*Emu*," an old tea clipper, which, moored in the river, served as a floating hotel and a depôt for pionéers, who were then opening up the Zambesi.

I had not been on board long before a pale worn dejected European dragged himself up the cabin stairs and introduced himself as a member of the Alpine Club, and we soon got chatting over acquaintances, when I found he was a further invalid from the Expedition north of the Zambesi I was about to join.

From a medical point of view his case was one of the most interesting I had ever seen. His malarial fever of a remittent type had been untreated since its onset, some five months previously. The profound anæmia added to a loss of flesh amounting to stones, was accompanied by a dropsical condition of both extremities without albuminuria. Coupled with this debility of body, a defective cerebration resulting from his impoverished blood, made the expression of his thoughts by suitable words difficult. I immediately put him on arsenic, iron and strychnia, with a little opium at night to insure sleep, and had the satisfaction of seeing him improve rapidly, and was able to invalide him to Natal for hospital treatment the same day that I proceeded up river. The medical attendance procurable at Chinde is confined to a Portuguese practitioner whom the Northern Europeans will not employ, and the occasional services of the surgeons attached to the two river gun boats. Both of these were away, and I saw a good

many cases of malarial trouble among the *personnel* of the flotillas. After some days delay, in which we began our experiences of inferior food, for the skipper in charge of the "*Emé*" was an old "shell-back" who did not believe in luxuries, we were at last informed that the "*Argonaut*" was sailing for Tete. This is not the place for describing the intricacies of the Zambesi and its monotonous tracts of scenery; suffice it to say that the zone of mangroves is replaced by that of long grass and scrub to which succeeds the rocky Baobab region. This marks the commencement of the denser bush in which game of the smaller variety exists in some quantity. In the river itself occasional hippopotami are seen and on the extensive sand banks, which limit the steamers' channel, the ugly hump-backed looking crocodiles lazily bask in the sun. Occasionally we shot at them, and less frequently killed. A vicious slap of his huge tail ere he crawled into the water being the only response of the saurian to the bullet's impact. Each night we tied up at a wooding station where we were hospitably entertained by the Portuguese officers in charge, and there were always some cases of minor surgery for me to treat. At many of these stations the officials had small menageries, young lions, lion and leopard cubs, monkeys, civet-cats and small antelopes; these excited our curiosity and the history of their capture beguiled the long tropical evening. Occasionally on shore we shot a guinea fowl or two, but the cranes, plovers, sand-martins, and waders peopling the sand-banks we were content to watch. Sometimes when moored off a native village I would be shown limbs amputated by crocodiles, but sickness among the riparian population is only excessive in time of famine or small-pox, when the river is in places strewn with stinking corpses.

After nine days steaming we sighted the Portuguese flag flying on the Tete fort, and were soon moored off this ancient settlement. Bad news awaited us here, the Mashona outbreak had extended north of Salisbury; telegraphic communication which had been completed by Major Forbes and his staff from the Luija river *via* Mount Darwin had been cut for some days, the last despatch being ominous. Worse than this at the advance camp Captain McCullum had been treacherously murdered, and his camp had been looted by the Mashona rebels.

A general uprising of all the natives around Tete was feared, and it seemed probable that we were likely to be detained there for some time, as the general unrest rendered it difficult to obtain carriers, and a rumour of the massacre of our advance party by M'Piseni's Angoni and of hostilities between the Ozimba tribes on our road northward added to our worries. In Tete we were perfectly safe, however, as machine guns, coupled with its natural defences, would resist successfully any native attack. The two

or three thousand labourers, chiefly Zambesi boys, engaged in the completion of the Trans-Continental wire between Tete and Mount Darwin, became panic stricken, and all bolted back to the town, and refused to return to the bush. Consequently we were soon reinforced by Major Forbes and his European staff.

The scene in front of our piazza at Tete when this horde of savage labourers hurried pell-mell to the Zambesi foreshore baffles description. Each man had dropped his load of telegraphic material, and simply returned with his cooking pots, calabashes, bow and arrows or spears, and but a scrap of calico as raiment. Huddled in squatting groups on the bare ground they awaited their pay and rations ere they were transferred in canoes across the Zambesi, which is here about seven hundred yards wide, to a camping ground. Only the Atonga natives from Blantyre remained on the Southern bank, and these were in a very poor condition. Thus my hands were full of invalids, until Forbes started to walk from Tete to Chikwawa.

Malarial fever, often hæmaturic, is the chief illness seen at Tete; the latter is frequently fatal. Thirty miles or so above the town is a Jesuit mission station, and here the hot water pack is much vaunted as a cure, but not a few of the monks succumb to this scourge of the Zambesi valley.

(To be continued).

Hospital News.

WORKMEN are very busy in Mary, and before long we shall have the pleasure of seeing one more ward restored to its proper use, after having been closed for a quarter of a century. When Mary is opened there will only be the two wards of the Home not available for the general purposes of the Hospital, and these latter are fulfilling a good purpose, while the old empty ones were a continual eyesore.

It has been settled that Dr. Cullingworth will migrate to Mary; a change which will benefit the gynecological department by eight beds. The bathroom will be fitted up as an operation theatre, and the bath will be moved over to the lavatory.

It is proposed to convert Adelaide into a male casualty ward, and it will be a matter for some consideration as to how it will be arranged. Without going into the question now, it is obvious that such a ward would ease the main surgical wards to a considerable degree, and especially save them from much of the commotion that accident work entails.

The Cup Ties for both the Rugby and Association cups are in full swing. For the Rugby cup we have made great scores against

Westminster in the first round and against University in the second. We meet Bart's in the semi-final, and may expect a tougher game. We are glad to see that Greg will be able to play for us. From the remarks one hears there are not wanting some who prophesy that the time has come for the cup to leave us; such remarks were rife last year, but the cup is still with us, and we hope to keep it for yet another year—certainly it will not be lost without a struggle.

The Nurses' Concert was a great success. The musical programme was exceptionally good. The increased accommodation for refreshments afforded by the Treasurer, and the additional interval were greatly appreciated.

A final glimpse of the winter festivities was afforded by the Victoria party which was held on January 29th. and though a little belated proved as usual one of the great attractions of the New Year.

Some repairs being necessary after the fire in the physiological laboratory, the opportunity was taken of painting and cleaning the whole. It is astonishing what a difference a little paint and whitewash make as regards the lighting, so important for microscopical work. It would be a great advantage if the demonstrator's room and the animal house beyond could be replaced by something modern and sanitary. There is room at that end of the medical school for an extension of the physiological department; at present there are very few facilities for anyone wanting to work there.

We congratulate Mr. Morris on his appointment as pharmacist to the London Hospital. At the same time everyone will view his departure from our own dispensary with great regret, for his never-failing courtesy made him justly most popular.

Dr. Nicholson's account of his experiences with the Angoni Zulus will be read with the greater interest, inasmuch as those redoubtable warriors have risen in revolt against the Northern Charterland Company, the probability of which event he foresaw and repeatedly warned the Company's officials against. Dr. Nicholson is an old African traveller, and in the first volume of the GAZETTE gave an interesting account of his experiences in Somaliland.

Miss Jenkin has left Adelaide, and will shortly be married to Mr. Grant-Wilson. Before going she was presented with a handsome clock as a wedding present by her friends among the students and officers of the hospital. Miss Ovans succeeds her as Sister Adelaide.

Last month we announced the death of the *Guyoscope*; it has, however, been resuscitated and appears in a new form, and with a change of management. We do not think it is quite up to its last year's level, and its price has been doubled. However, we wish it a new lease of life.

With all the improvements that are being carried out in the hospital we may be excused for mentioning another which, if effected, would be

a great boon. We refer to the hooks in the wards from which the notes are hung, and which are awkward and unsightly in the extreme. They sway about violently when one attempts to hang the notes up, and are apt to spring up in the air and assume an inverted position. These wayward tricks are not conducive to good temper, though very entertaining to onlookers. If a simple brass hook could be fixed into the wall this difficulty would be overcome.

Mr. S. W. F. Richardson, who at present is at the Royal Free Hospital, has been appointed Resident Medical Officer at Charing Cross Hospital. He will be the first to hold the office, as it is a new institution there.

Medical and Physical Society.

A CLINICAL and Pathological Meeting was held on January 13th. The president, Mr. Battle, was in the chair. The following cases were shewn :—

Partial intra-uterine amputation of the foot.

Tumour of the superior maxilla.

A case shewing the result of a plastic operation after excision of Rodent ulcer.

The above three cases were shewn by Mr. Battle.

Spondylitis Deformans, treated by forcible straightening, and a case of Coxa Vara, shewn by Mr. Crouch.

Another case of Spondylitis Deformans was shewn by Mr. Sanguinetti.

Examples of progressive muscular atrophy, cerebellar tumour and congenital heart disease, shewn by Mr. Haslam.

Senile Lupus, shewn by Mr. McClean.

Two cases of tumour of chest wall, a case of fractured astragalus, and a case of overgrowth of the outer side of the lower end of the Tibia, shewn by Mr. Tuke.

A meeting of the Medical and Physical Society was held on February 10th. Mr. Battle, the President, was in the chair. A paper was read by Mr. Corner, of which the following is an abstract :—

In adopting for the subject of this paper the comparison of fractures and dislocations in man and animals it has been my intention to show the influence of position, *i.e.*, quadrupedal and bipedal on these injuries. As regards the influence of these positions on the soft parts a great deal is known, for instance varicose veins, varicocele and piles among surgical affections; the influence of position on the heart and circulation among medical diseases. In the text books of anatomy much is said as to the various adap-

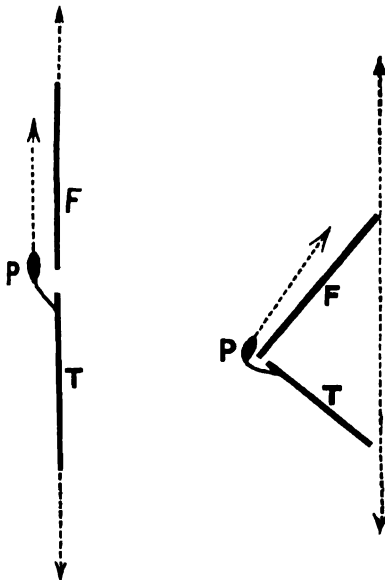
tations which have occurred in consequence of man's assumption of the erect attitude. But so far as I know nothing has been said of its influence on the surgery of the bony parts. It is my object to put problems before you, which arise from *a priori* considerations of the skeletons, and then to bring forward the evidence of veterinary surgery. This veterinary evidence I sought for in the English, French, and German text books, the first two of which I found valueless for my purpose; the last were better, but characteristically erred in giving too minute an account and classification of very rare conditions. I had now to obtain my evidence from the journals, and have consulted nearly the entire English and American literature. In order to give authority to any statements I may make later, I will state that over 350 references were obtained. Most of these records have the exceptional advantage of containing postmortem examination reports.

It is no new tale that Aborigines are singularly free from disease, and remain so until the advent of the white brother, as missionary or otherwise. So in their wild state animals are peculiarly free from injuries, but when they are pressed into the service of man, troubles begin, and increase in proportion as their life becomes complicated. Thus racers and steeplechasers are more frequently injured than farm-horses. Fractures are thus relatively rarer in animals than in man; and dislocations are still rarer. This is on account of the exceedingly powerful muscles round the joints, the simple movements allowed at a joint, and the general absence of liability to violence.

The following is a short abstract of one or two points arising in this paper:—

Gurlt's statistics, quoted in Treves' Surgery, give the frequency of fractures of the patella as 1·4 per cent. This is a relatively common fracture, and cases are frequently seen in accident lists. In text books of veterinary surgery the statement is found that this is a rare fracture and is due to direct violence; the more recent ones add that it also arises from muscular action. This latter method is far the commonest cause of the fracture in man. In an exhaustive search through the English and American records, I have been unable to find a single case, also Prof. Macfadyen says he has no knowledge of such a case. Hence the statement found in the veterinary text books, that the fracture arises from muscular violence, in all probability arose in the text books of human surgery. Again, as I shall show later, the patella of quadrupeds is not so situated as to readily allow of its being snapped across the condyles of the femur, and as it is subject to an almost continuous strain its consequent strength will almost forbid its being done by traction.

To take the horse (*vide figure*), the knee joint is naturally flexed to about a right angle, and in consequence of this there must be a continuous strain on the patella, when the animal is standing, to prevent further flexion. This position of flexion is obviously of great advantage in the springing forward of the animal. In consequence of this strain the patella is a very strong bone. It may be said to function in quadrupeds as follows: it completes the knee joint in front, it acts as a fixed point by means of which the line of action of the extensor muscles is adapted to the flexed knee, it acts



as a small lever, and it prevents the extensor tendon encroaching on the joint. With the assumption of the upright position (*vide figure*), the knee joint is no longer flexed, and the femur and tibia are almost in a straight line. In consequence, the continuous strain on the patella is lost. Again it has largely lost the functions of altering the line of action of extensor muscles and preventing the extensor tendon from encroaching on the knee joint. In the text books of anatomy in considering the fixation of the knee in the erect attitude, both the theories entirely obviate muscular action.

To descend to a platitude; when a structure originally having great functions loses them, it undergoes atrophy. So we may argue that man's patella is atrophic. But its value as a lever is greater in a biped than in a quadruped in consequence of the greater power it gives to the act of extension when that act is approaching completion. Man naturally flexes and extends his knee in walking, &c., and so his patella is mechanically useful. So there is a limit to the atrophy. The bone may therefore be considered somewhat in the light of an ancestral legacy and entered, though not nearly to the same degree, in the same catalogue as the appendix.

The patella of man has an exceptional liability to fracture which that of quadrupeds has not. For in assuming the erect attitude the ligamentum patellæ has had to be shortened by taking in the slack and the bone rides relatively lower on the femoral condyles, and so is more liable to be snapped across them. In quadrupeds with the relatively longer ligamentum patellæ the bone is practically safe from fracture from this cause.

Mr. Anderson, in a paper in the *Lancet* (1892, p. 10), dealing with this injury says that it more commonly occurs in people of feeble habit of body, and shows that it is relatively more frequent in women and men past middle life, as compared with other fractures of the leg. This statement is based on the hospital statistics of 1880-1890. He says this frequency "points to the predominant influence of a second factor, a diminished textural resistance in the bone." In the light of these remarks I may venture to add that as refracture is not unfrequent in patellæ that have been wired, may we not in this process be putting a piece of new cloth in an old garment, and so giving the chance of another rent. This second rent usually occurs in another place, *i.e.*, in the atrophic part. Again it is by no means unusual to see cases in which one patella has been broken sometime before, and then the other bone gives way. This points, at least, to an atrophic condition of the individual.

Mr. Anderson has, from clinical grounds, suggested an atrophic condition of the patella, correlated with the age and general condition of the subject. This condition is one of the individual, and is quite different to the atrophic condition arising, as I have suggested, in our ancestry.

On comparing the patella of man with that of a typical quadruped, we see that it is relatively shorter from above downwards, whilst the breadth just exceeds its length, or is equal to it. This latter feature never occurs in quadrupeds' patellæ. It is also relatively thinner. From this we may argue that, relatively, the bone is less strong. If sections of the bones are compared, we notice that in quadrupedal patellæ the external bone, though thin, is very compact, and that the cancellous part consists of strong trabeculæ and fine meshes. In the human patella the periosteal bone is thinner and less compact, and the cancellous portion has much finer trabeculæ and wider meshes. All these points in the bone itself indicate a greater liability to fracture than is the case with the bone in quadrupeds.

With regard to the homologue of the patella in the forearm, the olecranon; considering the specialization of the arm in man, a comparison can hardly be drawn with quadrupeds. As I have only found one case of fracture of the olecranon in the horse, it may be said to be relatively rarer than in man. As was shown in an earlier part of the paper, the forelimb of quadrupeds mainly functioning as a weight-bearing limb, and not as a propulsive one, it will be understood why the olecranon is only rarely snapped off the ulna.

There is a bone in the horse that has no counterpart in man, and is situated at the somewhat extended metacarpo—or metatarso—

phalangeal joint. There are two in each leg, situated in the flexor tendons. In length and breadth they measure just over an inch, are about half an inch thick, and are apparently strong. Placed over the extended joint they are to some degree placed like the patella, and in standing are subject to a similar constant strain. The fracture is always due to muscular violence, but there is no evidence that the bones are broken across the lower end of the metacarpal or metatarsal bone. And indeed the extraordinary comminution that occurs is greatly against this; the fragments numbering from 4-30. The fracture seems to be a pure traction fracture. I have collected eight papers on this subject. The one that offers the best explanation is that by Hart, of Calcutta. He noticed that when young horses were landed at Calcutta from Australia, after their long period of privation and lack of exercise during the voyage, they became almost maniacal and bolted. After going some short distance many of them would fall in a heap, or become suddenly dead lame. If great care was taken in the landing, such horses could do hard work after a short time, thus showing that the condition was recoverable from. Post-mortem examination showed that the sesamoid bones were lighter and more cancellous than the normal bones, The length of the voyage was 60 to 70 days.

Prof. Varnell has also described a similar atrophic condition in fractured sesamoids, but makes no suggestion as to the cause of atrophy. The point about which there seems no explanation is as to how such comminution (4-30 pieces) can occur in a traction fracture. It reminds one somewhat of the Prince Rupert's drop of glass in physics.

As regards the sacrum I have only found an interesting piece of poetry that sheds light upon the origin of the name of sacrum. Its anatomical position certainly gives no indication as to why it should receive so holy a name, so I will reproduce the quotation, which is from Butler's "Hudibras."

"The learned Rabbins of the Jews
Write there's a bone, which they call Luz;
I' the rump of man, of such virtue
No force in nature can do hurt to.

* * *

"From whence the learned sons of Art
Os sacrum justly call the part."

The bone is, however, occasionally broken, and is now a recognized royal road to the rectum, so that its name is hardly just.

Fracture of the patella is one of the rarest of accidents, whilst dislocation is the commonest luxation in the horse. Around it has cropped up the best literature that I have come across, 24 papers in all. It has also been the subject of bitter controversies. The papers

are interesting as showing the evolution of knowledge as regards this injury. In Vol. 8 of the "Veterinarian" we find a school asserting cramp of the extensors to be the trouble. In the same journal, Vol. 9, Duboisin describes cases of femoro-popliteal neuralgia; and in Vol. 12 "an old practitioner" frankly narrates his difficulties with a case which would not give way to blisters, purges, etc., and finally disappeared spontaneously. Prof. Youatt adds a note to both papers that from the descriptions of the signs in these cases they were probably outward dislocations of the patella. A number of papers now followed attributing the luxation to walking, etc., on rough ground, so that the extensor muscles might be relaxed. Later, when fracture of the neck of the ilium by relaxing the extensor muscles was found to cause the luxation, this factor of "relaxation" was strongly urged. Another school now arose teaching that this relaxation was most important as regards the ligaments, and was especially dependent on ill health and the absorption of the fat beneath the patella and the ligamentum patellæ. Cases were quoted where this luxation disappeared on return to good health. Now came a more scientific age beginning with Golding, *ibid* Vol. 54, who attributed it to lax ligaments and new development of femoral condyles. In Vol. 56, Prof. Axe adds depression in health to Golding's suggestions. MacCall in Vol. 65 gives an extensive list of causes embracing the above, but especially dwelling on mechanical causes. In Vol. 68 Dollar quotes M. Chuchu, who states that the dislocation is only partial and the patella locks with the knob on the external condyle. He also quotes M. Violet who adds another cause, viz., spasm of the lower fibres of the vastus externus or paralysis of its antagonists. Dollar is emphatic that partial dislocation is the case. Tweedley in the "Veterinary Journal," XXI., gives a careful account of dissections of cases of this luxation, which show the locking of the external condyle and patella. This, I believe, is the account of the injury up to late years.

The relatively greater frequency of the injury in animals than in man is due to the longer patellar ligament allowing the patella to ride high on the femoral condyles, so giving it greater amplitude of lateral movement. Again in the partial dislocation, the locking of the patella with the external condyle is aided by the flexed position of the knee in the horse and the consequent continuous strain on the extensors, the patella, and its ligament.

The luxation in horses is nearly always outward: of the inward form I have found only one, this being mainly prevented by the size of the internal condyle.

In Memoriam.

H. A. DICKSON, F.R.C.S.

ONCE more we are under the sad necessity of recording the death of one who but a short time back was with us in the best of health and spirits. We refer to H. A. Dickson, who died on January 27th, at the early age of 27. He joined the Hospital in 1888, and after qualifying took the F.R.C.S. degree and held office as Assistant-House Surgeon and House Surgeon. The Indian Medical Service attracted him, and taking a good place in the examination he proceeded to India. Within a few months of his arrival there he was sent to Bombay on plague duty. Regardless of himself he worked so incessantly that his health gave way, and he was invalided home last summer with a rapidly progressive phthisis. Dickson was a man whom to know was to respect and like. He was a staunch friend, and his critical and dryly humorous remarks made him a most interesting companion. A man of the highest ability, who succeeded in whatever he undertook, the world is the poorer for his loss. We can ill spare such men; unfortunately we have of late only too frequently had the mournful task of recording the deaths at an early age of several who were representative of all that is best at St. Thomas's.

GEORGE WILLIAM HOPKINS.

IT is with much regret we have to record the death at the age of 60, on January 22nd, of George William Hopkins, the central hall porter, after the long service of thirty-seven years, during which time he faithfully and zealously performed his duties, always having the welfare of the Hospital at heart, and fully identifying himself with it. His father was employed at the Medical School long before his time, and his son has been for some years in the service of the Hospital. His death occurred a few weeks before the time of his retirement from active duty, on a well-earned pension granted him by the Hospital in consideration of his long and faithful service. Hopkins was full of reminiscences of the Old Hospital at London Bridge, and his death removes from us one of the few living links reminding us of those bygone days. He has not lived to enjoy his pension, and we hope the Hospital will make some provision for his wife.

Nurses' Concert.

THE Annual Concert took place in the Governors' Hall on the 28th January, and it is a great pleasure to be able to say that in the opinion of all present the entertainment provided was a most emphatic success. It was satisfactory to see the very large number of nurses and sisters who were present, and though the Hall was not quite so crowded as last year, this was easily accounted for by the unavoidable absence of several members of the staff, and a smaller number of visitors. What, however, was lost in actual numbers was made up for in the increased comfort of those who were present. The executive committee consisted of Messrs. S. N. Babington, C. R. Box, L. Gilbert, H. N. Good, H. C. Haslam, H. E. Hewitt, G. D. Hindley, J. F. McClean, W. McDougall, H. H. Sanguinetti, A. W. Tuke, and C. S. Wallace, and these gentlemen are to be warmly congratulated on having arranged one of the best concerts we have had for some years.

A new departure was made this year by dividing the programme into three parts, with two intervals of fifteen minutes each. One has to remember that the Nurses' Concert is something more than an ordinary concert. Everyone thoroughly appreciates the musical treats provided, but one must not forget that the concert serves the purpose of a re-union of old friends, and, therefore, the greater facility that is given for friendly chats over old times, the better will the entertainment be appreciated by those for whom it is arranged.

The concert was opened by Senorita Teresa del Riego, who played a "Prelude" by *Rachmaninoff* and "La Castagnette" by *Ketten* with excellent taste. After this Madame Marian McKenzie charmed us all with her grand rendering of "The Lord is my Light." The notice prohibiting encores was rigidly adhered to in the first two parts, otherwise we should have liked to hear Madame McKenzie's melodious contralto voice in another song. Mr. Sidney Brooks next played *Goltermann's* "Cantilena" on the 'cello, after which he gave us *Rameau's* well-known "Gavotte in D" in brilliant style. "A Message to Phillis" was now sung by Mrs. Helen Trust in her own dainty and inimitable style, and was loudly applauded. It is hardly necessary to say that everyone was delighted with Mr. Watkin Mills' splendid rendering of *Gounod's* "She alone charmeth my sadness." Suffice it to say that Mr. Mills was in excellent voice, and was beautifully accompanied by Miss Jessie Matthews.

The Meister Glee Singers (Messrs. Sexton, Hast, Forington, and Norcross) have come to be looked upon as quite an institution at the Nurses' Concert, and they were greeted with much enthusiasm. The arrangement of *Lassen's* "All Souls' Day" by Hast was a

delightful piece of harmony, and everyone would have liked to have heard it repeated. This pleasure, however, was not forthcoming.

After the first interval of fifteen minutes, Senorita Teresa del Riego lead off the second part of the concert with *Schumann-Liszt's* "Liebeslied," which she played with beautiful expression. Mr. Gregory Hast's refined tenor voice was heard to great advantage in "The Scent of the Lilies," by *Cobb*. After *Popper's* "Spinning Song" had been perfectly played by Mr. Brooks on the 'cello, Mrs. Helen Trust again delighted us with a most sympathetic rendering of a beautiful little air called "Love's Springtime," by *Crimp*. A little humour was now provided in the shape of a musical jest entitled "An Italian Salad," which was most amusingly sung by the Meister Glee Singers. In spite of prolonged efforts, they could not be prevailed upon to do more than bow their acknowledgements. Mr. Watkin Mills followed with a charming little song called "The Ould Plaid Shawl," by *Pattison Haynes*, and was heartily applauded. The appearance of Madame Marian McKenzie a second time was the occasion for warm applause, and everyone was charmed with her delightful singing of *Becker's* "Lovely May."

A second interval of fifteen minutes now occurred, and the first two parts of the programme seemed to have been completed only too quickly. What better compliment could be paid to all concerned.

Mr. William Forington opened the last part with that fine song by *Wadham*, "Come to me." This was followed by a new song by *Gerald Lane* called "Hush-a-bye," sung with beautiful expression by Madame Marian McKenzie. Mr. Sidney Brooks played the 'Cello Obligato. In response to loud calls for an encore, Madame McKenzie kindly sang "An Old Garden." Her rich voice was heard in this to great advantage. Mr. Watkin Mills then gave "The Refractory Monk," by *Rosse*, with very stirring effect. The audience again over-ruled the prohibitory notice, and we had the pleasure of hearing Mr. Mills' magnificent voice again. After this, Mrs. Helen Trust's sweet musical voice was again heard in "Baby Sleeps." It is unnecessary to say that the audience were not satisfied till she had sung another of those sympathetic little airs with which she knows so well how to charm them. The last item on the programme was a humorous glee by the Meister Singers entitled "Waterloo Station," after which they kindly gave as an encore "Little Tommy went a-fishing." After a few gracious words of thanks to the performers and the executive committee by the Treasurer, the concert was closed with the National Anthem.

The accompaniments throughout the evening—excepting those to Mr. Watkin Mills' songs—were admirably played by Senorita Teresa del Riego. One has again to congratulate Mr. C. W. Pilcher for the beautiful design on the outside of the programme.

Football News.

RUGBY.

FIRST FIFTEEN v. LONDON SCOTTISH.

Played at Richmond, January 15th, and resulted in a severe defeat by 19 points to 3. In the opening half Mackay and MacInnes obtained tries for the Scottish, the first of these being converted by Rottenburg.

In the second half play was much more even. F. M. Bingham almost succeeded in placing a goal for the Hospital from a free kick forty-five yards out. Further tries were obtained for the Scottish by Forbes (2), and Cunninghame, one of which Jackson converted. Hanbury obtained a try for the Hospital which was not converted, and the match ended in a defeat by 2 goals, 3 tries, to a try.

Hospital Team:—H. Wheelwright, L. F. Hanbury, C. M. Goodbody, S. Pern, R. H. Bridges, E. T. Holland, H. R. Bateman, H. C. Thorp, F. M. Bingham, H. T. James, A. E. Martin, B. G. Patch, H. G. Latham, H. T. D. Acland, T. A. Downes.

FIRST FIFTEEN v. CROYDON.

Played at Croydon on January 22nd. In the first half Croydon had considerably the better of the game, and scored three tries, none of which were converted, although one of them was right behind the goal posts. Shortly before half time Hanbury scored for the Hospital near the corner flag; the kick at goal was unsuccessful. After the change of ends the game was very even, the Hospital showing greatly improved form all round; the forwards played excellently both in the scrum and open, and the backs tackled and kicked well. There was no further score, however, and the match ended in a defeat for the Hospital by 3 tries (9 points) to a try (3 points).

Hospital Team:—H. Wheelwright, L. F. Hanbury, C. M. Goodbody, S. Pern, E. W. Browne, E. T. Holland, A. D. Jameson, H. C. Thorp, F. M. Bingham, A. E. Martin, H. T. James, J. F. Cunningham, B. G. Patch, G. H. Latham, H. T. D. Acland.

FIRST FIFTEEN v. EAST SHEEN.

Played at Chiswick on January 26th. East Sheen turned up with but thirteen men, but as Bateman had to retire early in the game owing to his ankle, the sides were not so unequal.

We had the best of the game throughout. Browne and Bingham obtained tries in the opening half, neither of which were converted.

In the second half Bingham, Acland and Goodbody scored, Browne being successful on each occasion with the place kick. From a free kick, for off-side, Park kicked a magnificent goal for

East Sheen; the game ended in our favour by 3 goals, 2 tries (20 points), to a penalty goal (3 points).

Hospital Team:—H. Wheelwright, L. F. Hanbury, C. M. Goodbody, S. Pern, E. W. Browne, H. R. Bateman, A. D. Jameson, H. C. Thorp, F. M. Bingham, A. E. Martin, L. E. Gilbert, J. F. Cunningham, B. G. Patch, G. H. Latham, H. T. D. Acland.

FIRST FIFTEEN *v.* ROSSLYN PARK.

Played at Old Deer Park, Richmond, on January 29th.

In the opening half the game was very even; Holland scored for the Hospital, but the kick at goal was unsuccessful, and just before the interval Luce ran in for Rosslyn Park, and Swaby converted.

In the second half Rosslyn Park had all the better of the game, and further tries were added by Murdock, Hewlett, Young and Smythe, two of which Swaby converted. Unfortunately, two of the Hospital's three-quarter backs were injured, Goodbody having his collar bone fractured, and Browne, his knee badly twisted. The game throughout was of a vigorous and scrambling nature, and ended in our defeat by 3 goals, two tries (21 points), to a try (3 points).

Hospital Team:—H. Wheelwright, L. F. Hanbury, H. M. Harwood, C. M. Goodbody, E. W. Browne, E. T. Holland, A. D. Jameson, H. C. Thorp, F. M. Bingham, A. E. Martin, H. T. James, J. F. Cunningham, B. G. Patch, G. H. Latham, H. T. D. Acland.

INTER-HOSPITAL CUP TIES.

FIRST ROUND.

ST. THOMAS'S HOSPITAL *v.* WESTMINSTER HOSPITAL.

We had little difficulty in winning the match, for although our play was none too brilliant, we were never in danger, and put to our credit four goals and three tries. Hanbury and Pinches shared the honours in scoring, the former obtaining five tries and the latter two; Bingham was successful with four of the place-kicks. As Westminster Hospital failed to score, we thus won by 29 points to *nil*.

St. Thomas's:—H. Wheelwright, L. F. Hanbury, H. M. Harwood, H. G. Pinches, P. T. Sutcliffe, E. T. Holland, A. D. Jameson, H. C. Thorp, F. M. Bingham, A. E. Martin, H. T. James, J. F. Cunningham, B. G. Patch, G. H. Latham, H. T. D. Acland.

SECOND ROUND.

ST. THOMAS'S HOSPITAL *v.* UNIVERSITY COLLEGE HOSPITAL.

We met with even less resistance in this match than we did against Westminster, and came out victorious by four goals and nine tries to *nil*.

Tries were obtained by Hanbury (3), Bateman (2), Browne (2), Sutcliffe (2), Thorp, Martin, James and Bingham; Browne was successful with four of the place kicks. We thus won by 47 points to nil.

St. Thomas's:—H. Wheelwright, L. F. Hanbury, E. W. Browne, H. M. Harwood, P. T. Sutcliffe, H. R. Bateman, E. T. Holland, H. C. Thorp, A. E. Martin, F. M. Bingham, H. T. James, J. F. Cunningham, B. G. Patch, G. H. Latham, H. T. D. Acland.

ASSOCIATION.

ST. THOMAS'S *v.* AMERSHAM.

Played on Saturday, December 4th. The ground was very slippery. We each scored in the first half, but in the second half our men fell off very much, and our opponents managed to put on two more goals to their credit, thus winning by 3 goals to 1.

ST. THOMAS'S *v.* OLD CARTHUSIANS.

Played on Wednesday, December 8th, at Chiswick, in beautiful weather. Our opponents, though not nearly full strength, were too strong for us and beat us after a fast and exciting game by 4 goals to 2. Our visitors forwards spoiled several fine chances by their selfishness. The feature of the game was the magnificent shot with which Howlett scored our first goal.

ST. THOMAS'S *v.* CLAPHAM ROVERS.

Played on Saturday, December 11th, at Chiswick, in fine but windy weather. Our opponents had a stronger team than when they beat us 1 to *nil* in the Surrey Cup Tie, and this time they beat us by 4 goals to 2. We had not a full team, but made a very good game of it. Their goals were all made from individual runs, while ours were obtained by long high shots. The wind made it very hard to judge the ball.

ST. THOMAS'S *v.* OLD CRANLEIGHANS.

Played on Saturday, January 8th, at Chiswick. The ground was soft after the recent rains. Until the last fifteen minutes the game was very even, then the conditions told, and we were fortunate in not having more goals scored against us. Our forwards were full strength and combined very prettily on several occasions. We finally lost by 4 goals to 2.

ST. THOMAS'S *v.* BARNES.

Played on Wednesday, January 19th, at Barnes. The weather was fine but windy, and the ground was in good order. The wind was blowing strongly right down the ground, and gave the side

playing with it a great advantage. Barnes, who were strongly represented, playing with the wind behind them did most of the pressing in the first half, and scored three goals. On changing ends St. Thomas's in turn pressed, but only succeeded in scoring one goal, and the game ended 3 to 1 against us.

ST. THOMAS'S v. UNIVERSITY HOSPITAL.

This was our tie in the first round of the Inter-Hospital Cup Competition. It was played at Chiswick on February 26th. Starting from the tennis court end St. Thomas's, who were without Bawtree and Harrison, soon began to press, and Henderson with a fine run from the half-way line took the ball down almost to the goal-line, and then passed across to Buzzard, who opened the scoring with a well-placed shot. Keeping up the pressure St. Thomas's put in several shots, which either went wide or were well saved by the University goal-keeper, who throughout played a good game. Shortly before half-time Henderson made a brilliant run, two-thirds of the length of the ground, and finished up with a goal. St. Thomas's crossed over two goals to the good. During the first fifteen minutes after half-time St. Thomas's seemed completely at sea, and University playing for all they were worth, put on three goals, two by Barwell and one by a half-back. As soon as St. Thomas's got together they began to press once more, and about ten minutes before time Ellis got away on the right and passed across to Lock, who scored with a good shot. The match ended in a draw of 3 goals all, University declining to play extra time as some of their men had to catch an early train.

St. Thomas's XI.—O. Mills, goal; C. Wheen and C. L. Hawkins, (captain), backs; C. de Z. Marshall, T. H. Brown, and E. V. Gostling, (half-backs), F. H. Ellis, E. F. Buzzard, J. L. Lock (centre), T. B. Henderson, and R. H. Allport (forwards).

RE-PLAYED TIE.

The tie was replayed on Thursday, February 3rd, at Chiswick. St. Thomas's had by far the greater part of the game during the first half, but nothing was scored for some time. Then from a *miles* in front of goal the ball came out on the right to Bawtree, who easily put it through. St. Thomas crossed over at half-time with the score 1—0 in their favour. After half-time play was more even. Gostling was placed *hors de combat* for a few minutes as the result of a kick on the ankle. A very pretty piece of combination, in which all our forwards joined, ended in Buzzard heading the ball through the backs and running on and beating the goal-keeper with a hot shot. Some good play by University left wing ended in a good centre, which was put through by the outside right. About this time Gostling and Barwell came into violent contact

and were both laid out, though only for a few minutes. Barwell soon got away again, but was stopped by Brown, though unfortunately owing to a misunderstanding between the latter and Harrison, he got hold of the ball again and put it through, thus making the score 2—2. Nothing else was scored, and the game ended in a draw, University again refusing to play extra time.

St. Thomas's XI.—A. E. Harrison, goal; C. Wheen and C. L. Hawkins, backs; C. de Z. Marshall, T. H. Brown, and E. V. Gosling, half-backs; F. Bawtree (captain), J. L. Lock, E. F. Buzzard, (centre), T. B. Henderson, and R. H. Allport, forwards.

RE-PLAYED TIE.

This tie was played for the third time on Friday, February 11th, at Chiswick. The same team did duty for St. Thomas's as in the last match, but University were handicapped by the loss of their Captain, and Barwell, their centre forward. The play for the first ten minutes was fairly even but of a very scrambling character, the forwards on both sides being over anxious. As soon, however, as St. Thomas's settled down, they had all the best of the game, and Henderson opened the scoring for them. A few minutes later one of the University backs, missing his kick, let in Henderson, who put the ball through again. Before half-time the same player, who was playing a great game, and was being well fed by Buzzard, scored two more, and St. Thomas's crossed over with a lead of 4 goals. On re-starting St. Thomas's scored 3 more in quick succession from Henderson, Buzzard and Lock. After this the game got rather slack, till Brown, taking the ball up from mid-field, scored a good goal. About ten minutes before time Gosling, whose ankle had given way, went off the field, and Buzzard came half in his place. Nothing further was scored, and the match ended in a win for St. Thomas's by 8 goals to nil. For the winners Buzzard, Henderson, and Brown played well. In the next round, the semi-final, St. Thomas's meet Guy's.

Rifle Club.

THE Annual General Meeting of the club was held on the 4th inst. in the Medical Theatre. Mr. Saunders took the chair in the absence of the President. After the minutes of the last meeting had been read and passed, the secretary read the report of the accounts, &c., of the past year. The officers for the ensuing year were then elected:—Mr. Makins to be president; Mr. C. de Marshall re-elected captain; Mr. H. R. Beale, treasurer and secretary; Mr. Unsworth third committee-man, after a ballot.

It was then decided by vote that an alteration should be made in the constitution of the committee, which should, in future, consist of five members, instead of four as heretofore. This resolution was

to be submitted to the committee of the Amalgamated Clubs for ratification, and, pending this, Mr. N. Carpmael was provisionally elected to be the fifth member. A vote of thanks was given to Mr. Saunders for having filled the chair.

Books for Review.

A TEXT-BOOK OF SPECIAL PATHOLOGICAL ANATOMY. By Ernst Ziegler. Translated and Edited from the Eighth German Edition by Donald Macalister, M.A., M.D., and Henry W. Cattell, M.A., M.D. Sections I.—VIII. (Macmillan & Co.) 1896.

The appearance of the latest edition of Ziegler's classical work in an English dress is an event of the first importance in the world of pathology. Between this and the last translation, a period of intense activity in research, and advance in knowledge has intervened. Of this the book itself gives the most satisfactory evidence, for, though the spirit of the work has been preserved, yet the additions and alterations have been so considerable as to double its size and to modify every page of its contents. The author still wisely restricts himself to the anatomical aspect of pathology, and though this lends a certain austerity to the volume, no regret should be felt on that account. Discussion of points of abstract interest, however fascinating they might be, would of necessity crowd out the anatomical facts which must be the basis of knowledge.

The first section deals with the blood and lymph. In the writer's opinion it falls short of the standard reached by the rest of the book. The account of the morbid changes in the blood is extremely short, is entirely without illustrations, and is somewhat backward in the views expressed. For example, no word is said of the belief which prevails at the present day that the various sorts of white cells differ rather in degree of maturity than in kind. It is true that the pathology of the blood is more unstable than that of any other tissue, but, even allowing for this, a more generous treatment would appear to have been indicated.

The second section, which treats of the vascular mechanism, is admirable. It is profusely and aptly illustrated, and the letter-press is all that can be desired. Of section four, which takes into consideration the osseous system, words equally unstinting in praise may be used. The account of the various forms of arthritis is particularly well done, and the same may be said of the pages dealing with the infective diseases of bone.

The pathological changes in muscles and tendons are briefly, though quite satisfactorily, discussed in section five. In the sixth

section are included the morbid processes which involve the spinal cord and brain. The neuron theory is adopted, as might be expected, and, under the heading of neuron diseases, *tabes* receives a short but complete account, in a broad sense of the word. Compression is still described as a cause of myelitis, though the term is used with limitation. The account of malformations and diseases of the brain is very good, and is particularly well illustrated. The seventh and eighth chapters treat of the pathology of the peripheral nerves and skin respectively.

A bibliography forms a valuable supplement to each chapter, and the more so as it has been kept within reasonable limits and carefully classified. We are glad to see that the numbers in the index refer to pages and not to paragraphs as in the previous edition.

The translators deserve the warmest congratulations on the skill with which they have performed their task; the result is such that the book might well be read without any suspicion of its foreign origin.

Both paper and printing are excellent, and though the constant use of different type for the sake of emphasis gives a slightly foreign look to the page, still it is effective and useful.

House Appointments.

The following gentlemen have been selected as House Officers from Tuesday, 1st March, 1898.

House Physicians—

H. E. Hewitt, L.R.C.P., M.R.C.S. (extension), H. H. Scott, L.R.C.P., M.R.C.S.
H. F. Shea, M.B., B.S. Durhm., L.R.C.P., M.R.C.S., H. C. Haslam, M.A.,
M.B., B.C., Camb., L.R.C.P., M.R.C.S. (extension).

House Surgeons—

J. F. McClean, L.R.C.P., M.R.C.S., H. J. Marriage, L.R.C.P., M.R.C.S., J. S.
Hall, L.R.C.P., M.R.C.S., H. H. Sanguinetti, B.A., M.B., B.Ch., Oxon.,
L.R.C.P., M.R.C.S.

Assistant House Surgeons—

E. H. Cobb, L.R.C.P., M.R.C.S., A. C. Robinson, L.R.C.P., M.R.C.S., F. L. A.
Greaves, L.R.C.P., M.R.C.S., A. H. Greg, B.A., Camb., L.R.C.P., M.R.C.S.

Obstetric House Physicians—

Senior—S. D. Turner, L.R.C.P., M.R.C.S.
Junior—H. T. M. Alford, L.R.C.P., M.R.C.S.

Ophthalmic House Surgeons—

Senior—F. A. C. Tyrrell, B.A., M.B., B.C., Camb., L.R.C.P., M.R.C.S.
Junior—S. N. Babington, L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Departments for Diseases of the

Throat—A. J. Grant, M.D., Brux., L.R.C.P., M.R.C.S., A. F. Millar, L.R.C.P.,
M.R.C.S.

Skin—A. A. Osborne, L.R.C.P., M.R.C.S., A. C. Parsons, L.R.C.P., M.R.C.S.

Ear—F. R. Martin, B.A., Camb., L.R.C.P., M.R.C.S. (extension), C. A. Reynolds,
B.A., M.B., B.Ch., Oxon.

Clinical Assistant in the Electrical Department—

A. H. Gibbon, L.R.C.P., Edin., L.R.C.S., Edin. (extension).

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Pioneering in Angoniland.

II.

Tete was not the most delightful place in the world to rest in, the anxiety, the petty annoyances caused by Portuguese officialdom, and lastly the stinks arising from a complete negligence of even ordinary sanitary usages, make me remember a fortnight's sojourn there with mixed feelings. The cosmopolitan population was curiously assorted, and their customs bizarre. I was well received, as at the time Tete was without a doctor, and made the acquaintance of some of the older residents who recollected Livingstone. With our carriers we crossed the Zambesi, a joyous crowd, and in three days marched to Muchena, a distance of sixty miles. The path hither was not bad, although high spear grass on each side occasionally hid all prospect except of a carrier's perspiring back. Arrived at Muchena our porters dropped their loads, said not even farewell, and bolted back to Tete.

Here we were then without porters, at the advanced post of Portuguese civilisation, which consisted of three mud-walled huts grouped around a flagstaff, from which drooped the crowned castle flag. The garrison consisted of an officer and his wife with two men. On one of these latter I had to operate, and we received the most considerate kindness in return. Close at hand was the huge stockaded village of Luiz the King of Makanja, on whom depended the voluntary task of sending ahead to catch porters for our northward trip. Luiz came to see us frequently while in camp on the Rivogwe bank, and I shall long remember the bacchanalian orgies with which the Portuguese feasted him for our benefit, though the indiscriminate firing of loaded rifles into the darkness was risky. Eventually some men turned up, Luiz of course taking the pay, and once more to the northward we marched, through very broken country with occasional vast tracks of cultivation and some few villages, to the Chiritse river, where a very mountainous region began.

The natives were here quite wild, frightened of the white man, and yet curious to inspect. They had but little calico, and frequently wore only a piece of bark. Their great desire was salt, and

with this we would barter for native beer, chickens, and goats at seemingly ridiculous prices. Tomatoes, sweet potatoes and monkey nuts abounded, and wherever one looked in the valleys the harvest of mealies were being garnered.

Leaving Chiritse, after a Sunday's rest to wash clothes and forage, our troubles began. A fresh set of carriers pretended to be afraid of an Angoni attack and refused to proceed. After two days waiting a messenger came in from above, and their fears being quieted, we moved ahead over one of the very worst mountain paths it has ever been my lot to travel, but after a whole day of this made a fertile valley, and in two days more crossed the Luija River and arrived at Chifumbadzi. Here there was already a station built, with an Atonga guard and an English officer. Up to the present we had seen no Angoni; there was no mistaking the feelings of our porters however, for so anxious were they to get back to the Chiritse that I had only paid them their calico when I was surprised to see they were running south again without waiting for food. At Chifumbadzi, which is close on the Anglo-Portuguese frontier, numerous old alluvial workings exist, and gold could be obtained on panning the dirt almost anywhere. It being the dry season, the grass was in splendid burning condition, and the lurid glare of the different bush fires in the sky at night was most grand. We were now about 200 miles from Tete, and on our next day's march an Angoni impi was encountered. I had learnt a few Angoni words, and on my challenging the leader and explaining I was the "sin-anga" to the white men, and that my companion was there "ku saka dirama" they were quite courteous. Each man carried three or four assegais and either a knobkerry or an axe, in addition to his cowhide shield. They made their camp with us on the plain, and we, so far as we could, interchanged crude conversation. After the Makanjas and Ozimbas whom we had seen on our way up, the Angoni appeared the masters, tall, lissom, muscular, and well-developed. They walked with a proud air as confident of being M'Piseni's men. Each warrior carried a clay cooking pot and a drinking gourd, and the majority had pipes made of baked earth, here too for the first time I saw crude hemp smoked in the bullock-horn hubble-bubble. When we awoke next morning they had all gone.

From the high land here, (for we had been constantly ascending), the plateau with the rolling prairies of Angoniland could be seen, and numerous ranges of mountains around. Vegetation was not luxurious, but similar to the small birch forest seen in Scotland, and though the valley country was in places almost park-like, it seemed untenanted by game. At length we reached M'Sunguzi, where a prospecting camp of conical huts had been formed. A great many

Angoni were there, having brought in mealies, nuts, and batatas for calico. This was to them a novelty, even the wealthier of them having only skin girdles on, while their women wore petticoats of bark.

The curious ringed head-dress of the Northern Zulus obtained here, giving the shaven skulls a flower-pot bearing aspect. I had men sick at this place, and was delayed there a month, not only by my patients, but by M'Piseni's orders; and in fact we had many scares in even that short period. However sport was fairly good in the marshlands, while plant collecting, gold seeking, and language learning passed away the time which had otherwise been anxiously tedious.

The Angoni did not want us in the country; M'Piseni was fairly friendly, but the expressed wish of our mission that the Chief should put an end to raiding greatly excited the young bloods. An example of the damage caused by the raids may interest. At M'Sunguzi I had induced with much trouble the Chipeta villagers to bring in provisions; this they did, but were evidently fearful of the Angoni, who when in camp used to taunt them. Some months after I left M'Sunguzi, these villagers were raided and a good many inhabitants killed, consequently a well-cultivated district was not only closed to trade, but further development stayed.

On the return of an observing party from the Bua Valley, where they had gone to fix the Eastern Boundary, M'Piseni being assured by the sufferers whom he had sent to test my skill that I meant no harm, we proceeded *via* the mining camp of Misale to the Angoni plateau. It was frightfully hot on the tiring hills among a wilderness of leafless trees affording no shade from the piercing sun rays, and at the end of two days I was so exhausted by an attack of malaria, that I felt inclined to lie down and give up, for we had exhausted our water, and none was obtainable for some miles ahead. Cheered on, and assisted by my boy Tembo, I reached the summit of a granite kopje, and there saw the dull green line of foliage betokening the streamlet's course. The descent was easy, and arriving at the rippling water I drank despite of myself to the full. A few more miles, and we struck the first Angoni village, meeting with but a sullen reception. This may have been due to two German adventurers who had joined our caravan, as they were known to have come from the Central African Protectorate, whose authority M'Piseni resented. Even our fresh Afonga carriers seemed scared the next day when we continued our march through the mealie fields. At Mashanga's village Mashanga and his warriors were collected around his kraal; some few shouted defiance, but we passed on unmolested, and arrived at Loangweni without mishap. Here, we found Major Deare, who had been left alone with the Angoni

indunas. He seemed worried, owing to the hostile attitude of Tsinko, the heir-apparent, who on the previous day had sent his men to pull down our new hut and to beat the builders. Furthermore the delinquencies of one of the Tete boys had almost determined the massacre of the Major, for the ready prepared impi had only been restrained at the last moment by the King's orders. Evidently things were ticklish, our carriers were frightened, and numerous indunas had to be talked to. Spies said the cattle had been driven to the hills for safety, and we were not at all unhappy when M'Piseni sent down a message, "Be not afraid, I am still the King, and no harm shall befall you." During the next few days numerous visits were paid us, and good opportunities afforded for observing the Angoni. Of pure Zulus there were not a few, but much intermarriage with conquered tribes had vitiated their original physique. Slavery was the mainstay of the conquerors, both men and women being in servitude to their captors for tilling the ground. The King's wives had as many as two or three hundred each, and we hired them to plaster and mud the walls and floors of our gabled hut, paying them at the rate of a foot of calico for the day's work. Numerous sick came in, and I was busily engaged there for some ten days, when M'Piseni sent a message he would receive me at his own village, some eight miles away.

(To be continued).

Medical and Physical Society.

SOME REACTIONS OF ORGANISMS TO CHANGES IN THEIR SURROUNDINGS.

A MEETING of the Medical and Physical Society was held on January 27th. Mr. Battle, the President, took the chair. A most interesting and valuable paper was read by Dr. Brodie, and illustrated by many lantern slides: we regret that we are only able to give a portion of it.

The special study of the behaviour of living organisms to various forms of external stimuli has within recent years been made the subject of much experimental work, and has widely extended our conceptions of the manner in which a living cell works. The research naturally extends itself over all living and intact organisms, but we shall hope to gain a greater insight into the mode of action of the stimuli by at first confining our attention to unicellular organisms, or to those of simple structure, for here the conditions are of the simplest, and can therefore be more readily analysed.

One of the most varied and most interesting series of reactions are those comprised under the term CHEMOTAXIS, by which we understand the movements of organisms either towards or away from a source of chemical excitation. When an organism responds by moving towards the source of the stimulus the phenomenon is spoken of as positive chemotaxis, and when away from the stimulus as negative chemotaxis.

The main facts were first discovered and worked out by Engelmann, who employed various forms of bacteria in his experiments. He showed that many forms of bacteria accumulated and formed large masses near any source of oxygen; that, for instance, in examining an uncovered drop of fluid under the microscope, the bacteria were observed to gradually accumulate at the surface and edges of the drop. When the fluid was covered with a cover glass this accumulation occurred at the edges of the cover glass, and if the edges were protected by a layer of oil the bacteria would then surround any bubble of air enclosed below the cover glass. Engelmann has employed this extraordinary sensitiveness of bacteria to oxygen for the elaboration of a method of detecting the presence of minute sources of oxygen, and of studying the conditions under which it is produced. Thus he showed that in a specimen containing a large diatom (*Pinnularia*) and a large number of *Spirochaetae*, the latter formed a thick zone of motionless bodies surrounding the diatom when the latter was exposed to light, and was therefore giving off oxygen by the activity of its chlorophyll. When the diatom moved the bacteria at first remained still, but gradually began to move actively, and soon swam in large clusters towards the diatom, which they again surrounded. In another instance, when experimenting upon a diatom half of which was shielded from the light, he observed that only that half acted upon by the light became surrounded with a zone of bacteria. In a further elaboration of these observations he fitted up an apparatus by which he could throw a small spectrum upon a long thread of vegetable cells, (*Cladophora*) and showed that the bacteria only accumulated round those parts of the chlorophyll containing cells exposed to that light of the spectrum which is absorbed by a solution of chlorophyll, thus proving that only certain rays possess the power of exciting the especial activity of chlorophyll, and that the active rays are exactly those which by other methods are proved to be absorbed by chlorophyll solutions.

Of the many other observations of chemotaxis, some of the most interesting are those in which leucocytes have been examined. The method adopted by Pfeffer for this purpose consisted in filling minute capillary glass tubes with the chemical substance to be examined, and enclosing them within the tissues of a living animal.

After a time the tubes were removed, and their contents examined for leucocytes. In this way Pfeffer proved that many toxins exerted an enormous positive chemotaxis towards leucocytes, as proved by the large numbers migrating into the tubes, a migration shown by efficient control experiments to be due to the solutions, and not to the mechanical excitation of the tubes. Many other observers have also described experiments leading to similar conclusions, and recently Zicherer has been able to obtain similar phenomena from leucocytes examined out of the body, upon a warm stage.

Recently Jennings has published a very complete and decisive series of experiments in this direction upon paramœcia. His method consisted of examining them in a moderately deep and very wide covered cell, under the cover of which he introduced solutions of the chemical bodies to be tested by means of a fine capillary pipette—thus localising the activity to a certain spot of the preparation. In this way he has proved that paramœcia are strongly positively chemotactic to weak solutions of acids of all kinds, especially to carbonic acid, for if a bubble of carbonic acid be introduced into the cell, all the paramœcia are in a short time found to have formed a zone surrounding the bubble of gas. If, again, a drop of very weak solution of sulphuric acid were placed in the preparation, the whole of the paramœcia were found to collect within the drop, in which they swam about, but never left the drop for the surrounding fluid. Stronger solutions of acid were found to be negatively chemotactic, and with a drop of such acid the paramœcia formed a zone surrounding the drop but at a little distance from it, picking out in this way a concentration which specially attracted them. In contrast to the action of acids, alkalies were found to repel paramœcia, no matter in what strength they were presented to them. These examples form a few typical instances of the nature of chemotaxis, and from them one conclusion stands out very conspicuously, viz., the extraordinary sensitiveness of the response, and this is particularly the case when we attempt to explain the way in which the movements of organisms are limited to the one direction by these stimuli. The organisms are of microscopic size, and yet the difference in concentration of the medium at their two extremities is sufficient to determine the direction in which the organism shall move.

A second form of stimulus which react upon organisms is that of heat, and this reaction forms the phenomenon of THERMOTAXIS. As the single instance of this which I will adduce we may take the action of differences of temperature upon paramœcium. Mendelssohn experimented upon a number of paramœcia enclosed within a long ebonite cell, the fluid at one end of which was warmed or cooled by a stream of water passing through a glass tube. He

found that if the initial temperature throughout the trough was 19.C., and one end was warmed up to 26.C., that the whole of the paramœcia soon accumulated at the warmer end. On the other hand, when the water started at 26.C., and was further raised at one end to 32.C., the whole of the paramœcia left the warmer fluid and accumulated in that end at 26.C. Analogous facts have also been recorded for various other organisms.

A third form of reaction is that known as GALVANOTAXIS, or the response of organisms to the direction in which a current is made to flow through them. The reaction was first described by Hermann, who found that, if a constant current were directed through a trough in which fish embryos or tadpoles were swimming freely, they all became orientated into one direction, so that their head ends faced the anode, *i.e.*, the position of the animal was antidrome, opposed to that of the current. The most interesting results lately obtained are again upon unicellular organisms. Thus Verworn has found that both *amœba proteus* and *amœba limax* exhibit cathodic galvanotaxis, *i.e.*, move towards the kathode when a current is passed through them. Ludloff in examining paramœcium found that they also are cathodic, whereas Verworn observed that the flagellate Infusorian *Polytoma Vella* was anodic. In a trough of paramœcia in which the organisms are actively swimming, closure of a weak constant current at once leads to a control of the movements of the organisms so that they travel to the kathode around which they accumulate, and curiously too, it is found that the greater number are assembled just behind the kathode. If the kathode be now moved, the paramœcia follow it and take up a new and similar position behind the kathode.

Of the response of an organism to changes of pressure, forming the phenomena of BAROTAXIS, I need here only instance one example, *viz.*, that of paramœcium. If a long column of fluid be taken and many of these organisms uniformly distributed throughout, and it be then placed vertically, it is found that in a short time the whole of them have accumulated to form a zone a short distance below the surface of the water. This accumulation has, by proper control experiments, been definitely shown to be due to the pressure changes, and these only, though they are to a faint degree modified by chemotaxis, as shown by the fact that they never come quite to the surface but select a zone a little below this, for there the carbonic acid is rather more concentrated than at the surface, and therefore exerts a positive chemotactic attraction towards them.

In this brief outline of some of the reactions which organisms exhibit to weak external stimuli, I have aimed solely at pointing out the nature of these reactions without attempting to enter

into any discussion of the manner in which the results are brought about, though this is undoubtedly the most important part of the investigation, but one which we are scarcely able as yet to satisfactorily attempt.

A MEETING of the Medical and Physical Society was held on December 16th of last year, when a paper was read by Mr. Abbott on "Reminiscences of the Graeco-Turkish War." Mr. Battle the President was in the chair. Mr. Abbott gave a most interesting account of the war and of the difficulties encountered by the English expedition. The paper was illustrated by a series of lantern slides, giving an excellent idea of the condition of affairs in Greece at that time. Those made from X-Ray photos taken at the seat of war of cases of bullet injury were especially interesting. Mr. Abbott expressed his indebtedness to Mr. Murray Thomas, Mr. Fox-Symons, and Dr. Blacker, for the original photographs and help in preparing the slides. The lecture was listened to with the keenest interest by a very large audience. A vote of thanks was proposed by Mr. Mackellar, and seconded by Mr. Edmunds, both old campaigners.

A Clinical and Pathological meeting was held on Thursday evening, February 24th, the following cases were shown:—

Aneurism of Thoracic Aorta	...	...	...	...	Mr. Goode.
Intra-thoracic obstruction	..	...	...	...	Mr. Hewitt.
Sarcoma of chest wall treated with Coley's fluid	...	...	...	...	Mr. Battle.
Myxœdema	...	..	...	...	Mr. Bell.
Morvan's disease	...	...	...	...	Mr. Martin.
Prepatellar Bursæ	...	...	...	...	Mr. McClean.
Scleroderma	...	...	...	...	Mr. McClean.

Bubonic Specific.

The following is a reprint of a pamphlet sent by the *Aryo-Vedic Medical Specialist* to various journals in India. We have adhered strictly to the original spelling. [Ed.]

To the Editor.

SIR,—

I have the greatest satisfaction to inform the public through the columns of your widely-circulated journal that after several unsuccessful attempts I have discovered a specific for the BUBONIC PLAGUE. It is composed of certain herbs and precious spice. The treatment is very simple and its efficacy instantaneous as well as marvellous. A few grains of the specific which is prepared in the

form of powder should be put on the tongue of the patient, even in the last stage of the plague, and to be made to gulp down the throat by as many gurgles of fresh cold water as possible. No sooner the specific comes in contact with the human tongue the patient instantaneously recovers his senses and after the lapse of an hour or two gets two or three free motions. The symptoms of the Plague that is, the fever and the buboes gradually disappear hour after hour and soon after the recovery follows. After getting motions the patient naturally desires food, *Khichaddi* of rice (suroi tandull) *mung dāl* with a little salt and good quantity of *ghee* should be put together and boiled, and given to the patient to eat belly full, and fresh cold water to be drunk over it as much as is required for digestion. This should be the only food and drink for the following two or three days. All substances made of chillies, (ticutt) tamarind (ámbutt) saltish (kháruṭṭ) oilsh (telcutt) confectionery, (mittai) acid and semi-acid things, tábbacco, bháng, ganja, opium, fruits, fresh or preserved, fish, flesh vegetables, tea, coffee, bread, biscuits, milk, soda, lemonade, alcoholic, and simi alcholic drinks, cold drinks, spirits, country liquors, toddy, ice, &c., should be strictly avoided. After the recovery of the patient within the forbidden days of strict diet, if he eat or drink more hot things than the prescribed *Khichaddi* and fresh cold water, such as, things made of chillies, chahpatis, brandy, ice, &c., the patient's death would be instantaneous as if struck by a flash of lightning, or if the patient eat or drink colder substances than the fresh cold water, such as milk, toddy, beer, &c., suddenly he shall go seriously ill as if some strong dose of narcotic poison is administered and in the course of a few hours he shall expire suffering intense pains of the body and the affections of the lungs. After the recovery that is, when the patient is able to leave the bed, he may be allowed to take bath of fresh cold water with advantage. Neither hot nor lukewarm water should be used for the purpose, or for permission medical adviser ought to be consulted before any other bath is used.

After taking the BUBONIC SPECIFIC but once, the patient recovers his full vital strength within 24 hours and becomes able to attend his usual avocations whatever they may be. But it is better for the patient to avoid all mental and physical work and take good rest for a couple of days to regain his strength fully. I have tried the specific with success in the whole length and breadth of Bombay, visiting the most unwholesome localities inhabited by the most destitute free of charge or gratis, and given courage to the terrified poor wherever I had a chance to attend that by the help of God I would boldly stand forward as their *Champion* to measure my strength with the mighty Bubonic monster that has struck terrors everywhere, unmercilessly vomiting its venom, and made our most beautiful city to be deserted!

Shortly I shall make arrangements to supply the public the specific in phials with printed directions in as many languages as possible, together with the necessary information about the Plague, its symptoms in all their various stages and types.

Although, the professional men of medicine, who ought to have been staunch to their duty now, at such a critical time of universal panic, have turned to be a pack of cowards to take to their heels and get themselves shivering like aspen leaves at the least suspected presence of the terrible plague, or the barest mention of its very name, I assure the public by my very extensive experience and thorough knowledge of the Plague, that it is neither remediless nor contagious; and as long as there is a sure remedy for it none ought to be afraid to face its presence. The professional men of medicine of the Western science are labouring under a very serious mistake and treat the patients exactly the reverse, adding additional poisons, though unconsciously, to the poisonous gas already imbibed by the human body, as curative remedies. Thereby one poison is multiplied by several others, and Death easily wins the helpless and unfortunate victim.

Read this, take courage and give comfort to your families and friends. The plague has killed some thousands, it is true, but now as there is its antidote let us unite together by courage and strangle the plague itself!

Office open for consultation from 10 a.m. to 5 p.m. daily. The poor of all castes, creeds, and sects treated gratis.

Public lectures are given in native languages everywhere about the subject.

All other papers please copy or translate and oblige.

Any communications to me may be made to the under given address.

N.B.—On the 18th February last at midday I visited the Arthur Road Hospital of the Municipality and requested the Medical authorities to grant me an interview which was most kindly condescended. I thank them very much for their act of extreme politeness. And on the next day I wrote the above article and sent its copies with my peons to the Editors of the Times of India, the Bombay Gazette and the Advocate of India for publication. But I am very sorry to say that this piece of good news of universal comfort in these terrible days of doubts and fears yet remains unpublished. I have very often noticed, and the public must have remarked too, that in these very papers some light news notices were published since the commencement of the *Bubonic Plague* for having effected *Bubonic* cures by drinking brandy, lemon juice, purgative salt, and the like, which of course were not very reliable. But this piece of comforting news that had come from a reliable source these contemporaries did not like to take notice. I thank them for their civility.

S. T. DE SOUZA GOMANTA,
Aryo-Vedic Medical Specialist,
69, Dhobitalaw, BOMBAY.

1st March, 1897.

Hospital News.

FOR the first time for ten years the Rugby Cup leaves St. Thomas's. The cup in the Central Hall—our permanent possession—bears witness that St. Thomas's during that time has been indisputably the premier hospital in Rugby football. We have had many hard fights for it, and for several years Guy's have met us in the final, to be defeated regularly, sometimes by only a narrow margin. Keen sportsmen, they took their defeat cheerfully, becoming however year by year more and more dangerous. The universal feeling at St. Thomas's for some years has been that when we should lose the cup, it should go to Guy's. We cannot of course be glad to lose it, but having lost it, we rejoice that it has gone to the hospital that has worked so hard for it for many years, and which now wins it by a decisive victory. It goes without saying that our earnest endeavour will be to win it back again.

We are glad to see that the days of the Throat Department have been altered. On Thursday afternoons cases will be seen and the routine Clinical work carried on, and on Monday mornings the operative work will be done. This arrangement makes a much more even distribution of the special departments over the week.

For the next three months there is apparently a dearth of in-patient dressers, only eighteen having applied, while no fewer than thirty-nine clerks were on the list in the first instance. This of course is disadvantageous to both clerks and dressers, as the former will have too few cases and the latter too many. Some of the dressers will get two accident weeks in the three months—a very doubtful advantage, as with one alone the work is sufficient to occupy all available time, and a double number of accident cases with double the routine ward work is not an attractive prospect. Would it not be possible for a better arrangement to be made?

Mr. McDougall and Mr. Seligmann are two of the members of the Anthropological Expedition to the Torres Straits which has just left England. They will be away about a year. The idea of twelve months of freedom from the routine of civilized life is too tempting to be dwelt upon.

We had hoped to give a fuller account of Mr. Abbott's address to the Medical and Physical Society, but his recent long illness has prevented us from giving more than a mere mention of it. The surgical work accomplished will be recorded in full in the medical journals. Mr. Abbott is now convalescent, and we wish him a speedy recovery.

Dr. T. W. Lambert, who is at present in England, holds the office of Vice-President of the Medical Council of British Columbia, and is one of the examiners in that province at the examination which has to be passed by any medical man wishing to practise in British Columbia. It may be interesting to note that all medical men, whether holding a Canadian or foreign qualification, have to pass a rather comprehensive examination in order to be able to register in whatever province they wish to practise, each province having a separate medical act. This does not apply to those registered in Great Britain before June, 1887. The registration fee is £20.

We are glad to see that Dr. Brodie has been appointed examiner in Physiology at the University of Durham.

There has been much illness at St. Thomas's this winter, among house officers and nurses especially. Two House Physicians have had the misfortune to contract diphtheria, Mr. Haslam who has had it mildly, and Mr. Hewitt who has unfortunately been the victim of a severe faucial and nasal attack. He is now, we are glad to say, out of danger. It is really a matter for surprise that more house officers and nurses do not get it. The house appointments being of limited duration are very precious, and it is very trying to lose time through illness.

A house built on sand is proverbially unstable, and equally so we presume is one built on mud. Ominous cracks in the wall of the dark room in the physiological laboratory reminded the authorities of our position above the Thames mud. The room has been demolished and new foundations are being excavated.

Football News.

RUGBY.

FIRST FIFTEEN v. OLD MERCHANT TAYLORS.

Played in the Old Deer Park at Richmond, on February 12th. In the opening half, with the wind in their favour, Old Merchant Taylors had the better of the game, and just before the interval Crawford obtained a try, which he converted. On changing ends the Hospital showed up well, Hanbury and Thorp gained tries, one of which Bingham converted. A few minutes before the end the Old Boys scored a second time, making the points equal. Crawford made an excellent attempt at goal, but the ball striking the cross-bar rebounded.

The game consequently ended in a draw of a goal and a try (8 points) each.

Hospital Team :—H. Wheelwright, L. F. Hanbury, E. W. Brown, H. M. Harwood, P. T. Sutcliffe, H. R. Batemen, A. D. Jameson, H. C. Thorpe, F. M. Bingham, A. E. Martin, B. G. Patch, G. H. Latham, T. W. Downes, T. F. Cunningham, L. H. Badcock.

FIRST FIFTEEN v. CATFORD BRIDGE.

Played at Catford on February 19th. There was no scoring in the opening half of the game, play being very even throughout. The only try was gained for the Hospital in the second half by Martin, who broke away from a scrum on their twenty-five line, and dribbling finely got over behind the posts. Bingham kicked a goal.

The game thus resulted in a win for the Hospital by a goal (5 points) to *nil*.

Hospital Team :—H. Wheelwright, L. F. Hanbury, E. W. Browne, H. P. Pinches, P. T. Sutcliffe, H. R. Bateman, H. M. Harwood, H. C. Thorpe, F. M. Bingham, A. E. Martin, T. F. Cunningham, B. G. Patch, G. H. Latham, T. W. Downes, L. H. Badcock.

FIRST FIFTEEN v. COVENTRY.

Played at Coventry on February 19th. The game was of a scrambling nature throughout, neither side showing much combination. In the opening half, with the wind in their favour, Coventry held the advantage, and Taylor gained a try behind the post, which was converted. In the second half the game was more equal. Taylor, however, gained a second try, which was not converted.

As we were unable to score, the match ended in our defeat by a goal and a try (8 points) to *nil*.

Hospital Team :—H. Wheelwright, L. F. Hanbury, E. W. Browne, C. B. Moss-Blundell, P. T. Sutcliffe, H. M. Harwood, H. R. Bateman, F. M. Bingham, A. E. Martin, B. G. Patch, J. F. Cunningham, G. H. Latham, H. T. D. Acland, G. M. Levick.

CUP TIES.

SEMI-FINAL v. ST. BARTHOLOMEW'S.

The semi-final against St. Bartholomew's Hospital was played on 24th February, before a large crowd.

At 3 o'clock we kicked off against the wind. The Bart's forwards soon began to press, and quickly reached our "twenty-five," where they remained for the first twenty minutes. Bennet twice nearly scored from the loose during this time, being brought down on each occasion on the line. Our opponents were unfortunate in losing Mason, who had to be carried off the field after a kick on the head. A break-away by our own forwards carried the ball to mid-field, and some beautiful passing, in which the ball passed through the hands of all our outsides, nearly resulted in a try. We scored shortly after this from play in their twenty-five, and half time was called with the score 1 try to *nil* in our favour.

Soon after the restart a series of fierce scrums ensued on our line. After this, we completely got the upper hand. Our forwards realised that their duty was to shove, and they shoved; play in the loose became much faster, and our three-quarters went straight for our opponents' goal line, and we scored four times through Bateman, Browne and Greg.

Our passing was better than usual, and our halves were distinctly better than our opponents', though Bateman was inclined to be slow in parting with the ball. Of the forwards, we thought Cunningham was the best, but as a whole, they did not play up to form.

Team:—H. D. Wheelwright, L. F. Hanbury, E. W. Browne, A. H. Greg, P. T. Sutcliffe, H. R. Bateman, H. M. Harwood, H. C. Thorp, F. M. Bingham, A. E. Martin, T. W. Downes, B. G. Patch, G. H. Latham, J. F. Cunningham, L. H. Badcock.

ST. THOMAS'S v. GUY'S.

The final Rugby Cup Tie was played at Richmond on Tuesday, March 15th, before a large number of spectators, and resulted in a victory for Guy's by 1 goal, 3 tries (14 points), to 1 dropped goal (4 points).

Thorp won the toss, and Guy's started the ball against the wind. From the kick off Wheelwright received and found touch near the half way line. A series of scrums took place, and the Guy's forwards gradually worked the ball back to our 25 line. A good dribble by Thorp and Martin relieved matters a little, and eventually Thomas's carried the ball to Guy's territory. Some good rushes by the Guy's forwards brought the ball back to mid-field, and shortly after to our 25 line; Wetherell obtaining possession passed smartly to his wing three-quarter Roe, and the latter scored a try wide on the right. The kick at goal was unsuccessful. Bingham dropped out, play of a scrambling nature taking place, and

Bateman, picking up the ball, made a useful run and finished by punting into touch a few yards from Guy's goal line. From the line out Greg received the ball, and dropped an exceedingly good goal. Restarting, Guy's forwards continually getting the ball, made several dangerous rushes towards our line, Harwood on many occasions saving splendidly. A free kick against Thomas's resulted in a poor attempt at a goal, and Greg returned into touch. Then followed some tight scrums, in which Guy's always had the upper hand, and dribbling the ball down to our territory, Thomas scored a try. The try was not converted, the ball hitting the left upright. From the drop out Wilks returned smartly into touch, and Guy's at once became dangerous, and from a line out Thomas dashed over. The major point was added by Cutler. Soon after the kick off some good passing amongst our opponents was well stopped by Browne, but Sime gaining possession dribbled all down the touch line, outpaced Greg, and scored a try wide on the left. The kick, a good one, was unsuccessful.

Half time score:—Guy's, 1 goal, 3 tries; St. Thomas's, 1 dropped goal.

Bingham started the ball, which was well returned by Wilks. Guy's continued to keep up a hot attack, but Browne tackled in good form, and Harwood gained several yards by a good punt into touch. A long kick by Guy's sent the ball to Wheelwright, who, cleverly evading three of his opponents, found touch by a good kick. An attempt at passing amongst our three-quarters ended by Greg being collared with the ball, and a good dribble, headed by Cutler and Thomas, brought the ball within our 25, but they failed to score, and the whistle blew for no-side with a win for Guy's by 1 goal, 3 tries (14 points), to 1 dropped goal (4 points).

The teams were:—

St. Thomas's Hospital:—H. D. Wheelwright (back), L. F. Hanbury, E. W. Browne, A. H. Greg, and P. T. Sutcliffe (three-quarter backs), H. R. Bateman and H. M. Harwood (half-backs), H. C. Thorp, F. M. Bingham, A. E. Martin, T. H. Downes, B. G. Patch, J. F. Cunningham, G. H. Latham, and H. T. D. Acland (forwards).

Guy's Hospital:—C. T. Hilton (back), F. L. Rae, F. W. Sime, F. D. S. Jackson and J. H. Wilks (three-quarter backs), F. C. Wetherell and M. C. Wetherell (half-backs), R. C. Mullins, F. G. Gibson, D. H. Traill, A. A. Smith, T. P. Thomas, H. A. Cutler, F. R. Featherstone and P. T. Manson (forwards).

ASSOCIATION.

CUP TIE.

ST. THOMAS'S v. LONDON HOSPITAL.

This match was played at Queen's Club on March 9th. Hawkins and Lock were both absent owing to injuries received in the match *versus* Guy's. The ground was perfect, and a slight end to end wind. We kicked off against the wind, and London at once pressed, the game being mainly in our quarter during the first half. G. P. Wilson was in grand form for London, and scored after about 20 minutes' play. After this the ball was taken into the London quarter, where two "corners" were obtained, but without scoring. London then rushed the ball down to our end, and scored their second goal. After the restart matters became worse; the London attack was far too good for us, and four more goals were added. The match thus ended in a defeat for us by 6 goals to *nil*.

Team:—A. E. Harrisson, C. Wheen, L. H. Badcock, C. de Z. Marshall, T. H. Brown, E. V. Gostling, F. Bawtree, E. A. Gates, E. F. Buzzard, T. B. Henderson, R. H. Allport.

Rifle Club.

The following are the Shooting fixtures for the coming season:—

- May 11.—Dulwich College at Runemede.
- „ 16.—R.I.E.C. at Cooper's Hill.
- June 13.—Weymouth (simultaneous) at Runemede.
- „ 20.—Whitgift Grammar School at Runemede.
- „ 25.—St. Paul's School at Bisley.
- „ 30.—Whitgift Grammar School at Woldingham.
- July 6.—Dulwich College at Runemede.
- „ 11.—R.I.E.C. at Runemede.
- „ ?.—Open Hospital Handicap at Runemede.
- „ ?.—Inter-Hospital Cup at Bisley.

Books for Review.

A TEXT-BOOK OF SPECIAL PATHOLOGICAL ANATOMY. By Ernst Ziegler. Translated and edited from the eighth German edition by Donald Macalister, M.A., M.D., and Henry W. Cattell, M.A., M.D. Sections IX-XV. (Macmillan and Co.) 1897.

The second volume of Ziegler's Pathology comprising sections IX-XV. completes the special Pathology, and is fully up to the high level attained in the first volume.

It commences with Section IX. which gives a very good account of the Alimentary Tract. The names Typhlitis and Perityphlitis are retained, and perhaps undue importance is given to foreign bodies as a cause of inflammation of the appendix, while no reference at all is made of the importance of infection by *Bacillus Coli Communis*.

Section X. deals in a full and lucid way with the liver and Pancreas. Under the results of obstruction of the bile ducts more stress is laid on a Biliary Cirrhosis "which closely resembles the haematogenous forms, and is not easily distinguished from them" than would be agreed to by English pathologists.

Section XI., dealing with the Respiratory System, is especially good, and the account of Pulmonary Tuberculosis conspicuously so. The peribronchial tubercle met with so frequently at the bases of lungs is called Nodular Tuberculous Broncho-pneumonia, fibro-caseous or caseous according to the predominance of the fibroid or caseous change. The term Pneumatogenous miliary Tuberculosis is applied to those cases in which bronchial aspiration from an old cavity leads to a very rapid development of grey broncho-pneumonic tubercles so minute as to simulate a miliary haematogenous eruption. These terms, though perhaps a little cumbersome, possess the great advantage of pathological accuracy. Special praise must be given to the figures illustrating this and the following section.

In Section XII. a distinction is drawn between the arteriosclerotic and the contracted granular kidney—in the first the process being limited to the walls of the arterioles and glomerular vessels, "while in indurative nephritis the fibrous hyperplasia takes place outside the vessel walls in the connective tissue."

The last three sections deal with the Genital System, the eye, and the ear respectively. The section on the ear is by Prof. Wagenhauser of Tübingen.

The illustrations, of which there are 561 in the two volumes, are of the high order of excellence for which the previous edition was noted. As a whole the work is a masterly one, and though too full for the student in his earlier days, should be read by everyone aiming at a sound knowledge of pathology.

DISEASES OF THE EYE. By J. Arthur Kempe. Edinburgh: E. & S. Livingstone. Price 1/6.

Announced by the author as a Manual to help senior students in preparing for their final examinations, this book consists in little

more than an enumeration of a few of the more common eye diseases, their causes, symptoms, and treatment. While such a book may be of some service to its author and his students if he is engaged in preparing them for the ophthalmological part of their final examinations, we are far from convinced of its wider utility. The classification and methods of one teacher are hardly likely to be adopted in their entirety by another, nor is it desirable that they should be. Unless so brought to the notice of the student we do not advise him to seek an introduction to a book of which we feel sure he would make little use.

DISEASES OF WOMEN. By Arthur H. N. Lewers, M.D. Fifth Edition. Pp. 526. Price 10/6. (H. K. Lewis, London).

The appearance of another edition of this work, after a comparatively short interval since the last, will be gladly welcomed, seeing that this text-book is so deservedly popular, and largely read by students preparing for examinations. A new chapter on deciduoma malignum forms an important addition to the present volume. The author gives a detailed account of two cases of his own bearing on this disease; he is of opinion that the disease is a primary sarcoma of the uterus, and that pregnancy is not an essential antecedent.

We may be excused for making a few criticisms on a book which is, on the whole, so complete and of such general excellence. Amongst the morbid conditions of the uterus we do not find any complete account of the varieties of hypertrophy of the cervix. The fact that the vaginal portion of the cervix may be hypertrophied is just mentioned in the first chapter on physical examination of the patient, and it is also stated in the article on prolapse of the uterus that the uterus may be elongated either by hypertrophy or by stretching; no systematic account, including the diagnosis and treatment of the condition is, however, given.

Removal by the *écraseur* is the only operation mentioned in the treatment of fibroid polyp of the uterus. As this instrument has been discarded by the majority of operators, and preference given to removal by scissors, it might be advisable to add this method.

The chapters on pelvic inflammation give an excellent and succinct account of our present knowledge of this condition. In the description of pelvic haematocele the author states that *rupture* of an extra-uterine gestation is the most frequent cause. It has been shown, however, by Cullingworth and others that the commonest cause of pelvic haematocele is not *rupture*, but haemorrhage from the patent fimbriated end of a pregnant tube, resulting in tubal abortion or formation of a tubal mole. The chapter on extra uterine gestation has been practically re-written, and gives a very clear and complete account of this interesting form of pregnancy.

The articles on tumours of the uterus and ovaries are very carefully written, and the accounts of operations are very clear and concise, and illustrated by excellent drawings.

The whole volume forms a most valuable text-book, and will repay a most careful study.

DISEASES OF THE SKIN. Livingstone's Medical Handbooks. Edinburgh, 1897. 2/6.

"A small handbook, which students can carry with them when attending skin clinics."—*Preface*.

Under a somewhat weak system of classification, the various eruptions are for the most part clearly described. The Section on Seborrhoea, however, is feeble considering modern views on its various manifestations, and under Lichen and Pityriasis we find classifications which are quite obsolete, and very misleading to the student. Alopecia Areata is not completely described without mention of the characteristic "note of exclamation" broken hairs. Too much space is given to Elephantiasis Arabum and Leprosy, and a section should have been devoted to drug eruptions.

The coloured plates by no means add to the value of the work, and the sexes of the *Acarus Scabiei* are wrongly named in Plates 6 and 7. The limited advice on treatment is sound.

Correspondence.

To the Editor of the ST. THOMAS'S HOSPITAL GAZETTE.

DEAR SIR,

If aseptic surgery is practised at all, every effort should be made to make it thorough in each detail. Surely, sir, it is an anomaly then, that in the face of improvements in this Hospital, while nurses and sisters now wear clean washing dresses, house officers and dressers are allowed to work in the wards in garments which defy any aseptic precautions being taken. Is it too much sir, to expect a regulation which will determine the acquirement by both house surgeons and dressers, of black or blue flannel trousers, and either linen or flannel coats, which might be well washed once a week at least.

Faithfully yours,

T. G. N.

Examination News.

CONJOINT BOARD, JANUARY, 1898.

First Examination.

Chemistry and Physics.—C. T. Holford, G. H. Latham, G. Raymond.

Materia Medica.—P. R. Browning.

Practical Pharmacy.—H. H. J. Edwards, C. M. Goodbody, W. W. Halsted.

Elementary Biology.—S. Bazalgette, T. Gibson, C. U. Ind, H. E. Weekes.

Second Examination.

Anatomy and Physiology.—H. S. Harris, M. W. Haydon, W. C. Mence.

Final Examination.—

Medicine.—*F. H. Allfrey, *F. C. Blakiston, *A. E. Elliott, *A. H. Greg, *J. E. Kilvert, *J. I. Langley, L. H. Lindley, *A. F. Millar, *M. J. Nolan, *H. J. Phillips, P. D. Pywell, *A. C. Robinson.

Surgery.—A. C. Bird, *D. E. Darbyshire, *W. J. E. Davies, *E. F. C. Dowding, *E. J. Hayford, H. B. G. Newham, *A. Osborne, *A. C. Parsons, J. H. Pegg, *H. J. Phillips, F. A. Pitts-Tucker, *R. H. Powers, S. B. Reid, *E. H. Ross, H. C. Ross, *G. B. Thwaites, *S. Wellby, B. M. Young.

Midwifery.—H. T. D. Acland, J. S. Barnes, F. Bawtree, D. J. Bedford, A. Bevan, P. R. Browning, A. E. Gladstone, L. H. Lindley, *R. W. C. Pierce, S. B. Reid, R. A. Stevenson, *G. B. Thwaites, P. Garnons Williams.

*These gentlemen have completed the Final Examination.

UNIVERSITY OF LONDON.

Preliminary Scientific Examination.

Chemistry and Physics.—H. Catling.

Biology.—J. E. Adams and O. Mills (completing the Examination), F. R. E. Wright.

Intermediate M.B. Examination.—H. A. Easton.

Ditto Excluding Physiology.—S. Hunt.

St. Thomas's Hospital Gazette.

No. 4.

MAY, 1898.

VOL. VIII.

Pioneering in Angoniland.

III.

A few days prior to our intended visit, M'Piseni had sent a very old Zulu for treatment. He seemed stone deaf, and this being due to indurated wax, I had at length succeeded in ameliorating. The old man being a great friend of the King, had on returning certainly cleared my way, and M'Piseni sent a messenger to say he would like me to doctor him too. Some time was occupied in getting carriers for the visit. At length the Induna who acted as our "Capitao" brought them together, and they were well puzzled at their names being taken and the roll called. The very act of writing was looked upon as magic, and in sending messages to the mining camp some forty miles away the "carta" was reverently guarded. Early in the morning the band arrived and the loads were distributed. Each man had provided himself with bast from the forest, and the bales of calico, beds, tents, and cooking pots were at length adapted for their convenient disposal.

Patience is the virtue in Africa to be most cultivated, and our original idea of starting at noon was delayed for three hours, when the "Capitao" at last called "Hijah! hijah! pita! pita!" and we moved off from our compound towards Tsinko's village in single file. Chattering gaily, the extended line tramped through the mealie gardens, which stretched to the south and west as far as the eye could reach, but were bounded on the right by a range of rugged granite mountains. Wiese, swinging his knobkerry, walked ahead with me, and we called to salute the sulking Tsinko as we passed his village. His people were not at all friendly disposed, so to show we were not afraid, we threaded our way through their maze of huts and thence along the native path leading to Chimpinga. A small boy, a prince of the blood, passed us with his suite of well-oiled youths, and were very friendly. It was a frightfully hot and fatiguing march and we were not sorry to halt at a large village, where several hundreds of people had collected and we were all offered native beer. Among them one could not help noticing several handsome women of quite a European type of feature, the majority of whom wore massive coils of brass on their arms, and these I learnt were M'Piseni's wives, some of whom were quartered in each village of importance. Many indunas favourable to the Europeans

were here assembled, and quite a palaver ensued, but we had to hurry on, as it is considered bad etiquette to arrive at the King's kraal after sundown.

The trees' shadows were lengthening rapidly when we sent on our three successive advance messengers to inform M'Piseni of our approach, and as we arrived at the village the sun was sinking below the plateau margin.

The hut provided for us was not commodious, and we were soon surrounded by a crowd of importunate Angonis, who crowded into every corner while our cook prepared dinner, which was an extended meal. After dark the incessant chatter, laughter, and noise evidently disturbed the old chief, whose hut was close to us, and he came out and spoke a few words in Zulu. The "lion's voice" said the King's butcher, who was by me; "M'Piseni" whispered Wiese, "he's telling 'em to go home and not disturb the tired M'Sungus." Sure enough when I looked around only Wiese, myself, and our servants were in the compound, for our visitors had slunk off quietly, as only naked savages can. So we turned in, and slept peacefully despite the rats, being hurriedly awakened at break of day by Makombe telling us M'Piseni would see us. There was no time for breakfast, and our toilet was soon complete. Our servants walked ahead with our rugs, then Wiese and I, the former telling me to do as he did. A few yards and we came to a reed fence with a small opening, just ahead of which I perceived the thatched conical roof of the King's hut, decorated with vertically arranged ox skulls. As he bobbed under the fence Wiese ejaculated "Bayete!" the Zulu Royal salute, and I imitated him, having been previously schooled by the Major.

In the courtyard twenty or thirty men were drinking beer under a reed canopy, a couple of lion skins were drying in the sun, and some small slave girls stood against a small door, to which we passed. As we wriggled through this small door we each again called "Bayete!" and sat on the mats placed for us just inside the door close to the mud wall. The sudden transition from brilliant sunshine to deep gloom, only relieved by a log burning in a central hearth, was disconcerting physically and morally and for some minutes I could discern nothing but Wiese's white shirt. As my eye got accustomed to the dimness, I gradually became aware of a group of indunas on the far right, with Tshigwane, the King's Counsellor from Loangwene, squatting at Wiese's side.

Quite suddenly I awakened to see M'Piseni sitting on a small heap of skins about two yards in front of me, gazing at me with bleared eyes below a Turkish fez, as he held one long skinny hand outstretched on his naked knee, the other holding a beer "mkere" which he frequently drank from, saying nothing the time. Three

or four skinny black cats played around him, and a knobkerry lay at his feet, but there were no pretensions whatever to grandeur, as except for a dirty old flannel shirt and his fez he was naked. His face was long and deeply furrowed and he must have been a very powerful man in his day, for even now one could see the contour of well-shaped muscles under a lax skin. High cheek bones, a good aquiline nose, thin lips disclosing his teeth, with a pointed chin and long neck, marked him apart from the rest. In strong contrast to Tshigwane, whose fat rolled on his belly every time he walked along, M'Piseni was thin as an ascetic.

When I looked up it was to meet his averted stare, in which curiosity and wonder mingled. At intervals he made a remark in Zulu to the indunas, and after having gazed at us long enough, he with a weird crooning, looked openly at us both and said in Senga "I see you, you white men." Wiese then commenced through Makombe a long indaba on things in general, calling the old man "Baba," i.e., "Father," at every fresh sentence, and finally M'Piseni asked why the white man had brought their wizard into the country, had I come to kill him, to steal the land, to make strong charms, to bewitch the cattle, and so on. "No Baba," said Wiese, "he comes to cure the white people when your wizards bewitch them, and to keep you alive and make you vigorous again." The old man shook his head doubtfully, and said "Haven't you got any bad witches in your country?" "Oh yes," said Wiese, "and if your people don't treat us well, then the 'Msungu Dottore will shew them something that they won't like."

Then ensued a long conversation on witch medicine, cattle diseases, and at last the old man said "Well, if he'll cure my cough and make me sleep one night then I'll believe he is a good wizard, but you'll have to take the same medicine, Wiese!" "All right," said Wiese, and then the old fellow began to talk to me through Wiese and Makombe. "Was there a special class of good witch doctors in my country, how many countries had I seen, what did I come there for, and did I wish to stay?" Then he asked about my linen coat, how did I get a shirt stiff in the front, (this was my last survivor of the Natal dhobyman), and might he have one.

The whiles this conversation was going on, a good many applicants for favours, advice, and decisions came in the hut, cringing in with their "Bayete!" then sat on the mud floor and stated their cases which the old man considered, and they departed again in the old Zulu fashion, his ear being open to them all. As he said, "I hear all things M'Sungu that go on."

Before we went out to breakfast he gave us a good sized pot of native beer, for which we lifted the bowl to our lips, taking care he was not drinking at the same time. We each shouted "Bayete," and

this was echoed by the men in the hut, and re-echoed by the head men outside, in fact the air never seemed free from this exclamation, while occasionally an induna more obsequious and flattering than others would call out the King's many titles.

Having finished, so to speak, this preliminary interview, and both of us hungering for breakfast, we simply rose, said "Bayete," emerged from the presence into the morning glare, walked erect across the courtyard, and with a final "Bayete" passed from the enclosure to our own compound.

Note on a Case of Perforated Gastric Ulcer.

OPERATION. RECOVERY.

I was consulted on February 18th, 1897, by a young woman—apparently in good health—complaining of pain after food.

The pain was not constant, nor accompanied by vomiting. She had vomited after every meal on the 16th, but this she attributed to a bilious attack. Had never vomited blood. The pain she stated to have existed off and on for some months. I subsequently ascertained that twelve months previously she had been a ward maid in the Infirmary, but had to give up her situation because of anæmia and persistent dyspepsia.

On examination I found her somewhat anæmic, with pain and local tenderness in the epigastrium. I prescribed a milk diet and the usual remedies.

On Sunday, February 21st, at 5 p.m., I received a call to see her as it was thought she was dying. On my arrival I found the patient in a state of profound collapse, profuse perspiration, ashen face, with a rapid thready pulse, and complaining of severe abdominal pain. There had been no vomiting.

It seems that after a very hearty meal at 1 o'clock she had taken a long walk of over three miles. When nearing home at 4.45 p.m. she was suddenly seized with such severe pain in the abdomen that it became necessary to put her in a cab to get her home.

From this history I suspected perforation of a gastric ulcer, and on examining the abdomen, I made out the following facts: Walls rigid, hardly moving at all with respiration; marked tympanitic resonance with absence of the liver dulness to upper border of seventh rib; there was also shifting dulness in either flank to a small extent. Palpation elicited general acute tenderness. A small injection of morpna was given, and arrangements made for her immediate removal to the Infirmary over a mile distant.

At 7.30 p.m., two and three-quarter hours after onset of pain, I operated. The abdomen was opened by a mesial incision $5\frac{1}{2}$ inches

in length, from just below the Xiphoid cartilage to within an inch of the umbilicus. On entering the peritoneal cavity there was an escape of gas and turbid serum with a marked gastric odour. Flakes of lymph were already visible on the surface of the liver and omentum as they presented in the wound. On drawing down the stomach a small punched out perforation readily came into view, from which escaped in plenty the dark brown fluid contents of the stomach—unavoidably at first rushing into the peritoneal cavity. Traction on the stomach induced retching, increasing the flow.

The perforation was surrounded by sponges, and the stomach emptied as much as possible into a porringer. I then secured the perforation by three rows of Lembert sutures, infolding the stomach on itself, in its long axis. Fine silk was used.

The peritoneum was flushed out with large quantities of sterilized water—poured out of jugs and also by irrigation with a glass tube—above and below the liver, into either flank, and down into the pelvis. This was continued till it escaped quite clear and free from all gastric odour. Very few solid particles came into view. After systematic sponging, the abdominal wound was secured in the usual way. No drain was used. The operation lasted one hour and twenty minutes, and the patient bore it well.

The subsequent progress was an almost uninterrupted one towards recovery.

Vomiting which was troublesome for the first forty-eight hours, was relieved by sips of very hot water and powders of Carbonate of Bismuth. A slight attack of pleurisy with effusion on left side appeared on the fourth day, but this gradually and completely cleared up without aspiration.

Rectal feeding was maintained till the 9th day after operation in view of the tendency to vomit, and also because her general condition kept so good as not to urgently demand food by the mouth. Fish was given on the 17th day and chicken on the 27th day.

The stitches were all removed on the 9th day—the wound soundly healed—and there was neither abdominal pain nor tenderness.

The temperature which had never been higher than 102 F on the second day after operation, became normal on the 13th day, and remained so.

The patient was allowed up for the first time on March 24th, and discharged April 29th. Eight months after operation she crossed from Holyhead to Dublin—was very sick, but sustained no harm—and she is now, April 1898, in perfect health, and free from all dyspeptic symptoms.

In submitting the notes of this case, I am aware that there is nothing very unusual to comment upon. I was fortunately able to

see the patient within fifteen minutes of the perforation, and it is to the very short time that elapsed between the accident and opening the peritoneum that the happy result I believe is largely due. Also the perforation was small, not larger than a crow quill, situated on the anterior surface near the cardiac end, and though the stomach was loaded with partially digested food, not much had time to escape into the body cavity.

Moreover I was not hampered by those difficulties which have beset many others operating on similar cases, viz.: Induration around the seat of ulcer—extensive adhesions—and the position of the perforation being such as to render efficient occlusion almost impossible.

The chief interest it seems to me in the above case lies in the absence of previous symptoms pointing urgently to a gastric ulcer. Her complaint was of vague pain and discomfort after food—her appearance that of good health—and she was able to fulfil the arduous duties of waitress in a busy restaurant without trouble: so that I must confess on my first and only interview with the patient three days before the acute mischief I was not impressed with the idea that she had a gastric ulcer.

I prescribed the milk diet as a precautionary measure—advice which was evidently totally disregarded.

The presence of these small solitary punched out ulcers, which are so frequently found in cases of sudden perforation of the stomach is a matter of some interest; for they may exist without giving rise to more than ill-defined symptoms of dyspepsia, and can easily be overlooked without careful palpation for a tender or painful area.

Certain it is that since my experience recorded above, I have treated with more respect similar cases coming under my care, enforcing the absolute rest needful to avoid a possible perforation.

In the treatment of this accident there is little doubt that the best chance for the patient is early diagnosis and prompt operation.

G. REINHARDT-ANDERSON, F.R.C.S.

Southport.

To the foregoing case we can add two others of the same nature which we have had at St. Thomas's. The first was that of a woman who had suffered from dyspeptic trouble for many years. She was seized while walking home from work in the evening, and brought to the Hospital in a cab. She was then suffering from great shock, abdomen rigid, pulse running, and the skin was dusky and cyanosed.

The abdomen was opened five hours after the onset of the symptoms. Much milky fluid escaped from the peritoneum. The stomach was pulled down until the ulcer appeared on the anterior surface close to the œsophagus. The edges were very indurated. The ulcer was closed by inversion of the stomach wall. A fresh incision was now made below the umbilicus and the pelvis was found to contain much fluid of the same character as that which escaped on first opening the peritoneum. The intestines were then turned out on to the surface of the abdomen and washed, while the abdomen was carefully cleaned with sponges. Rectal feeding was resorted to for fifteen days. The patient made an uneventful recovery.

Three pints of saline fluid were injected during the early part of the operation, as there was great shock. The effect of this was very marked, the pulse improving and the cyanosis passing away.

The second case was that of a woman whose abdomen was opened eleven hours after the perforation of the stomach. The ulcer was in the same position as in the last case, but here there was no signs of induration. The ulcer was excised, and the edges inverted by Halstead's method.

The abdomen, which contained a great quantity of turbid serum and stomach contents, was flushed out with sterilised water and a drain inserted into the pelvis. The patient only survived the operation by ten hours, although three pints of saline were injected into the veins.

The reason why one case recovers and the other dies is very hard to see. Of course the time that has elapsed between the perforation and the operation must make a great difference, but this can not be the only factor, as some cases recover that are not submitted to operation for a much longer period than any of the foregoing.

It may be that the contents of the stomach play a great part and that the nature of the food in the organ causes rapid poisoning, so that although the abdomen may be cleansed perfectly the patient succumbs to the effect of the poison already absorbed.

Hospital News.

WE congratulate Dr. A. F. Stabb on his appointment as Assistant Obstetric Physician to St. George's Hospital. Mr. E. G. E. Arnold succeeds him as Obstetric Registrar and Tutor.

Mr. Wainwright has been suffering from a severe attack of influenza which confined him to bed for a considerable time. He has, we are glad to say, so far recovered as to be able to leave town, but is still suffering from obstinate neuralgia.

The Wednesday Clinical Lectures were commenced on May 4th, Dr. Payne lecturing in Christian at 2 o'clock, and Mr. Makins in the Operating Theatre at 9.30. In order to give time for the lectures, the visiting time of the patients' friends has been curtailed half-an-hour, so that they will not be allowed in the wards until 3.30, the lectures finishing sharp at 3.15. Students have often complained of the barrenness of Wednesday afternoons, and much trouble has been taken by the Treasurer and Staff to fall in with their wishes; it is therefore greatly to be desired that they will shew their appreciation of the new arrangements. We are glad to say that a large class attended those already given. It is also to be hoped that senior and qualified men may find time to attend them. One great advantage is that they are given in the wards. Men will go to the wards who will not be tempted to go to the Medical Theatre.

In last year's May number of the GAZETTE we mentioned what seemed a record fall of one of the hospital porters down the lift from Arthur to the basement with a fractured leg as his main injury. Another has performed a somewhat similar feat, and seems equally invulnerable, for he fell from the Governors' Hall floor of the Treasurer's House to the basement, and again with injuries that seemed disproportionately slight compared to the extent of the fall.

Another of the hospital porters who had been for many years a well-known figure in the Central Hall died on Friday, March 18th, of chronic renal disease. We refer to Marshall. His death was preceded only a few weeks by that of his old colleague Hopkins. They were both old landmarks of the hospital, and frequenters of the Central Hall will miss them greatly.

Mr. E. M. Hainworth has been appointed Assistant Surgeon to Hull Infirmary.

The Golding-Bird Medal and a prize of £20, a Guy's Hospital prize, has been awarded to Mr. R. W. C. Pierce after an examination in Public Health and Hygiene. While we are glad to see a St. Thomas's man win this prize, it is to be regretted that our men should have to go outside St. Thomas's for such a course. It is obvious that a course of practical hygiene entails much expense and preparation. The value of public health work cannot be over-estimated, and if only more men would take it up there would be no necessity for seeking instruction elsewhere.

Mr. Dyball has been appointed Resident Surgical Officer at Leeds Infirmary.

At a meeting of the Committee of the Students' Club it was decided that the hours when smoking shall be prohibited in the

Dining Hall shall be from 12 to 1.15, instead of from 12 to 2. Most men come to lunch between 12 and 1, and it has been felt rather irksome to have to wait until 2 before lighting up. In fact, we may go so far as to say that the rule has been honoured more in the breach than in the observance. It is not pleasant to have one's lunch while smoking is going on all around, and especially so for non-smokers. The new rule is so lenient that smokers can be under no hardship in conforming to it, and non-smokers can easily lunch in time to have finished by 1.15. We appeal to all to obey a regulation so obviously fair and reasonable.

Lack of accommodation in the College House makes it unavoidable that each house Officer can only have one room, as sitting and bed-room combined. It is a very common thing for House Physicians and House Surgeons to be down with hospital throats, &c. In order, therefore, that the rooms may be as fresh as possible under the circumstances, the Treasurer has decided to substitute electric light for gas throughout the College House. This is a welcome innovation, and will be greatly appreciated.

The awards for the various medals are as follows :—Treasurer's Gold Medal, H. E. Hewitt; Mead Medal, E. F. Buzzard; Cheselden Medal, S. O. Bingham; marks qualifying for medals, S. A. Lucas and H. D. Singer; Grainger ~~Medal and~~ Prize, R. *Testin* Beer; Second Prize, E. M. Corner; Solly Medal and Prize, C. W. Pilcher.

Our congratulations to Mr. Abbott, and to those who accompanied him to Greece. The King of the Hellenes has made them Officers of the Royal Order of the Saviour, in recognition of their services to the Greek wounded during the late war. We are very glad to hear that Mr. Abbott is convalescing steadily from his recent illness, and wish him a rapid and complete recovery.

St. Thomas's may well be proud of the recent results at the Cambridge M.B. Examination; for Mr. E. M. Corner easily headed the list in Medicine, and won the special commendation of the examiners. Inasmuch as Mr. Corner also headed the list in the Surgery and Midwifery portion of the exam., his achievement is, we imagine, almost unique.

A full page illustration of Mr. Makins by Mr. Stanley Cock appeared in the March number of the *Guyoscope* over the title "Dear Old Man." It is very good, but he is rather compressed in the vertical meridian. He is depicted as wearing a beatific smile, and the tuft of hair is well to the front, or rather, to the back. The well-known anecdote of the occasion when in the theatre and watching an extensive abdominal section, he suggested to the

operator that it would be better not to cut the portal vein, appears in the letterpress.

Dr. J. J. Perkins has been appointed Assistant Physician to the Hospital.

In Memoriam.

GERARD DALZIEL HOWLETT.

IT is with deep regret that we announce the death of Gerard Dalziel Howlett, who died of phthisis on April 15th. Howlett matriculated in 1890 from Westminster School and took his Preliminary Scientific Class at St. Thomas's entering as a First Year student in 1892. He qualified for the Cheselden Medal in 1896, and passed the Final College in January, 1897. It is particularly sad that his illness should have commenced just at the time when he might have reasonably looked forward to some relief from the press of exam. work. Howlett was a hard working and earnest student; he was liked and respected by everyone who knew him, and by his death St. Thomas's has lost one who would at all times have done credit and honour to his hospital and profession. We offer our sincere sympathy to his relatives.

Athletics.

WITH the winter session over and the summer session in full swing, a few comments on the general aspect of the athletic side of the hospital may not be unacceptable. We must confess that we have not been very fortunate during the past year, a fact that is abundantly evident in the club smoking room in the number of empty brackets; still, it is better that they should stay there than that they should be removed, for were they to disappear the rising generation might lose sight of the fact that we once had so many. We hope, however, that they will all be filled up shortly. We were singularly unfortunate in football, both Rugby and Association. It was really most praiseworthy to have been in the finals for three cups and very hard not to have carried one off. A cup for the second Socker teams has been instituted. To have lost our old friend the Rugby cup is of course a blow, but we could not expect to keep it for ever, though some people seemed to think we

should. Perhaps next year may see it return to the old resting place; if not, it will certainly not be for the want of trying.

As regards cricket, there are, we are given to understand, plenty of men to form two teams, and about a dozen matches have been arranged for each. It should not be difficult to improve on last year's form, inasmuch as only two matches were won.

The athletic sports will be held early in June, and a meeting to make the necessary arrangements will be held shortly. In this branch we have on several occasions been unfortunate in the weather, the sports day last year being about the wettest day of the season. Let us hope they may be more favoured this year. The Sports deserve a little more luck; they are badly attended enough at the best of times. There can be little doubt that if more people would take the trouble to go down to witness the sports, the entries would be better. It must be very depressing to the competitors to see that the whole interest taken in the sports by the hospital amounts to a hired band and some twenty or thirty spectators.

There has been an attempt to put a boat on the river, but we believe that the project has fallen through. It strikes one as rather peculiar that with so many men from Oxford and Cambridge, and with the hospital situated on the very banks of the river, that we cannot raise a four. It also appears doubtful whether we shall be able to raise a team to compete for the Inter-Hospital Water Polo Cup. Surely it is better to be beaten than not to compete at all.

The Rifle Club is still in possession of the cup, but it will certainly have to work hard to retain it. We are unfortunate in losing J. R. Beale, who is going to Cambridge. There are, however, we are glad to say, several new men who show good promise.

Greater hopes are felt for the Tennis Club; the ground is very good, so there is no excuse for not practising. We give both Tennis and Cricket Fixtures elsewhere.

The ground at Chiswick has been a great acquisition and has been keenly appreciated, and now that it is well known and thoroughly in order, we ought to begin to reap some benefit from it.

The Hospital Cycling Club has joined a club termed the "Amateur Cycling Association," as a part of the "United Hospitals Cycling Association." The A.C.A. is a club strictly limited to such as hospital clubs. Several runs have been arranged for this season, and headquarters are at Sheen House. Information can be obtained from the secretary of the Cycling Club.

Correspondence.

To the Editor.

DEAR SIR,—

As most of your readers are doubtless aware, the Committee Room of the Medical School contains a large number of portraits of old St. Thomas's teachers. Some of these are still fresh in the memory of most of us, others have conspicuous labels which tell us who their originals were, and how long ago they occupied the places which we now occupy; but there are others which the present generation does not know, and which furnish no clue to their identity. Would it not be a good thing if each portrait bore the name of its original, with the posts which he bore in the Hospital, as well as the dates during which he flourished? This should be an easy task now, but each year will render it more difficult.

The GAZETTE has done a good deal towards interesting its readers in the past history of the Hospital, and one naturally turns to it for assistance in a matter such as this.

Believe me,

Yours sincerely,

F. G. PARSONS.

New Inventions.

MESSRS. Maw, Son & Thompson have brought out an improved clinical thermometer which is sure to become popular. Its recommendation is that the mercury can be shaken down with very great ease. In the ordinary thermometer it is sometimes a matter of considerable difficulty to get the index below normal; in this new form, however, one or two slight shakes are all that is necessary. We can strongly recommend it.

MESSRS. A. & M. Zimmermann have sent us one of their Alforman Lamps. In this lamp tablets of Paraform (a polymer of Formalin) are sublimed by heat; the water and carbonic acid derived from the lamp being led over the products of sublimation with the formation of active formic aldehyde. This is a powerful germicide and deodorizer. The lamp has been subjected to severe tests with satisfactory results, ten tabloids being sufficient to disinfect a room of 1,000 cubic feet, even to destroying cultures of pathogenic micro-organisms. Formalin is used abroad much more than in England, but its use here is rapidly spreading. Possibly this lamp may be of use in the summer to deodorize the post-mortem room.

THE same firm are also introducing a natural water containing Iron and Arsenic, bottled from a spring in Levico in the Tyrol. This should prove a satisfactory way of administering the above drugs—especially as to some people the moral effect of a "natural" water is so great.

Amalgamated Clubs.

A meeting of the Council of the Amalgamated Clubs was held on May 2nd. An alteration was made in Rule 2 of the Rifle Club, which now reads:—"The Club shall be managed by a Committee, which shall be elected annually, consisting of a President, who, if possible, shall be a member of the Hospital Staff, the Captain, and the Treasurer, who shall also be Secretary, and two other members. Three shall form a quorum."

At a meeting of Captains and Secretaries of the Athletic Clubs on May 5th, Messrs. Thorp, Buzzard, and King were elected as representatives on the Council of the Amalgamated Clubs.

Mr. Bateman has been elected as representative of the Students' Club on the Council.

Rifle Club.

ST. THOMAS'S v. DULWICH COLLEGE.

THIS match was fired at Runemede on Wednesday, May 11th. The wind was very strong and gusty, making a deviation of 9 to 12 feet at 500 yards. The match ended in a win for the Hospital by 35 points; the best six scores were counted on either side.

St. Thomas's.	200 yards.	500 yards.	Total.
Carpmael, N.	23	33	56
Marshall, C. de Z.	31	31	63
Holford, C. T.	27	31	58
Vaughan, F. D.	24	25	49
Upcott, H.	27	21	48
Beale, H. R.	30	10	40
Weekes, H. E.	16	0	16

Counting out 16, Total	324
Dulwich College Total for 6	289

35

ST. THOMAS'S v. R.I.E.C.

Fired at Cooper's Hill range on Monday, May 16th. The day was very fine, light, bright, and the wind very gentle. There were some tricky draughts round the target, which came round the side of the hill. The match resulted in a win for the Hospital by 16 points on the best six scores. We won by only two points on the eight.

St. Thomas's.	200 yards.	500 yards.	Total.
Carpmael, N.	32	29	61
Beale, H. R.	28	26	52
Unsworth, N.	30	22	52
Upcott, H.	19	24	43
Marshall, C. de Z.	33	33	66
Vaughan, F. D.	25	18	43
Holford, C. T.	29	30	59
Sinclair, H. W.	12	22	34
			<hr/> 410
		Best six scores	333
R.I.E.C.—Total 408.		Best six scores	<hr/> 317
			<hr/> 16

Cricket Club.

FIRST ELEVEN FIXTURES.

MAY.

Wednesday, 4th.—Trial Game, at Chiswick.
 Saturday, 14th.—Cane Hill, at Cane Hill.
 Saturday, 21st.—Brookwood, at Brookwood.
 Wednesday, 25th.—Ealing, at Ealing.
 Thursday, 26th.—Crystal Palace, at Crystal Palace.
 Saturday, 28th.—Cooper's Hill, at Egham.
 Monday, 30th.—Henley, at Henley.

JUNE.

Saturday, 4th.—Chiswick P., at Chiswick.
 Wednesday, 8th.—Barnes, at Chiswick.
 Saturday, 11th.—Reigate, at Reigate.
 Saturday, 18th.—Pallingswick, at Chiswick.
 Wednesday, 22nd.—Richmond, at Richmond.
 Wednesday, 29th.—Wanderers, at Chiswick.

JULY.

Saturday, 2nd.—Brookwood, at Brookwood.
 Wednesday, 6th.—Barnes, at Chiswick.

SECOND ELEVEN FIXTURES.

MAY.

Monday, 16th.—Gaiety Theatre, at Chiswick.
 Wednesday, 18th.—London Hospital 2nd XI., at Chiswick.
 Saturday, 21st.—St. Mary's Hospital 2nd XI., at Chiswick.
 Saturday, 28th.—St. Bartholomew's Hospital 2nd XI., at Chiswick.

JUNE.

Saturday, 4th.—Dulwich School 2nd XI., at Dulwich.

Wednesday, 15th.—London Hospital 2nd XI., at Edmonton.

Wednesday, 22nd.—St. Bartholomew's Hospital 2nd XI., at Winchmore Hill.

JULY.

Saturday, 2nd.—Barnes 2nd XI., at Barnes.

Saturday, 23rd.—Barnes 2nd XI., at Chiswick.

Lawn Tennis Fixtures.

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| May | 11.—Connaught, at Chingford. |
| " | 11.—Crystal Palace, at Chiswick. |
| " | 21.—R.I.E.C., at Cooper's Hill. |
| " | 25.—Connaught, at Chingford. |
| June | 1.—Gipsy, at 106, Stamford Hill. |
| " | 8.—Chiswick Park, at Chiswick Park Ground. |
| " | 15.—Putney, at Putney. |
| " | 22.—Crystal Palace, at Crystal Palace. |
| July | 6.—R.I.E.C., at Chiswick. |
| " | 20.—Chiswick Park, at Chiswick Park Ground. |

Books for Review.

DISEASES OF THE NERVOUS SYSTEM. By C. E. Beever, M.D., Lond., F.R.C.P. (H. K. Lewis). 1898. Cr. 8vo., pp. 432; with illustrations, 10/6.

This is one of "Lewis's Practical Series," being intended to serve as a handbook for students and practitioners. As such it supplies a distinct want.

A short but adequate account of the anatomy and physiology of the nervous system is followed by a description of the mode of examination and method of taking a nerve case. Then comes a concise description of the diseases of the nerves, spinal cord, and brain. Useful diagrams of nerve distribution and of sensory areas are found at the end of the book.

The author has succeeded in producing an eminently practical and useful handbook, although it might possibly, in a few instances have been brought more up to date. For instance—cold and wet are still credited with the production of many diverse diseases of the nervous system, the possibility of infection as a factor being in many instances completely ignored. The account of the non tubercular basic meningitis of infants would certainly leave the impression

that all these cases are syphilitic, although this is probably by no means true. *Pneumococcus meningitis* is not mentioned.

We think that the chapter on the diagnosis of cord lesions might with advantage have been amplified; as it is the whole matter is condensed into some seven pages.

A certain ambiguity of diction in many places renders the author's meaning obscure to those studying the matter for the first time.

Notwithstanding these blemishes the book is decidedly one to be recommended, and we have read it not only with pleasure but with profit.

THE DIAGNOSIS OF DISEASE. By J. Porter Parkinson, M.D., M.R.C.P., F.R.C.S. Pp. 178. Price 4/-. Ballière, Tindall, & Cox, London.

There are now so many excellent works treating of medical diagnosis, some of the highest order of excellence, that any new work must present some new feature or be devoted to some particular branch of Medicine to justify its existence. The present work gives a short survey of each system, and then considers each disease separately as regards its symptoms and physical signs; these are necessarily given very briefly. A question that arises is—When and by whom will such a book be read? Scarcely by students commencing their ward work, for they will naturally read a larger work with more copious illustrations, &c. In the preface it is practically dedicated to “students preparing for examination, and to junior practitioners of medicine. We venture to think that men up for examinations will prefer to read the systematic text-books, which give as much and more on both physical signs and diagnosis than is found in this book.

A few errors of omission and commission may be pointed out. In the account of thoracic aneurism no mention is made of tracheal tugging.

On page 159, under the examination of the blood, the length of embryonic filariæ in blood is given as about that of a white corpuscle, whereas they are from twenty to thirty times as long. Further, in the description of the blood no mention, or practically none, is made of the varieties of white cells. Considering the advances made in the pathology of the blood this is a serious omission.

Under the Urinary system no description is given of the anatomy or relations of the kidney, nor is the mode of examination of the kidneys described, yet this is a point over which students are apt to be very weak.

Nor are the customary divisions of the abdomen mapped out,

The type is clear and the illustrations good, and of course taken as a whole the descriptions are fairly accurate; no doubt it will appeal to a few, but considering the length of the medical curriculum men have abundance of time to read a fuller and more comprehensive work than this.

THE BOTANISTS VADE-MECUM. By J. Wishart. (E. & S. Livingstone, Edinburgh.)

The object of this little book can best be given in the words of the Author in the preface:—"This synopsis is intended chiefly as a guide to Students during Botanical Excursions, and as such I venture to hope it will prove a not only portable but useful companion." By "Botanical Excursions" we gather from the context that a ramble personally conducted by someone who proposes to give instruction in the various interesting plants met with is intended, and under such conditions the book would no doubt be useful, but to anyone going by himself or with a few friends for a Botanical Excursion it is very doubtful if it would prove of any value. This booklet is of a very handy size ($5\frac{1}{2}$ by $3\frac{1}{2}$ by $\frac{1}{2}$ an inch) and contains 143 pages, and is well printed on good paper. It gives a systematic list of all the "native" natural orders of the Vegetable Kingdom, with a short technical description of each. All the various genera are mentioned, and in the case of the Phanerogamic Plants, brief descriptions of the genera, which for convenience of reference are arranged alphabetically. No allusion is made to the number of species in each genus, though the number in each natural order is given. These figures, however, are not confined to British species.

A somewhat "new departure" has been made in the index, which has been rendered easy of reference by the edges being cut and lettered after the manner of a "Where is it" book, or the index of a ledger.

The same author also publishes a book of "Schedules for Plant Description," which should be very useful to Students taking Botanical Classes.

Examination News.

CONJOINT BOARD, APRIL, 1898.

First Examination.

Chemistry and Physics.—T. Gibson, H. E. Weekes.

Materia Medica.—W. P. R. Newth.

Practical Pharmacy.—C. J. E. Edmonds, C. B. Moss-Blundell.

Elementary Biology.—C. J. Battle, R. H. Bridges, H. L. Evans, L. S. Hooper, T. Jays, G. H. Latham, E. D. Parsons, H. W. Sexton, C. G. Seymour, D. M. B. Snell, H. Wheelwright.

Second Examination.

Anatomy and Physiology.—R. L. Beane, W. Fawcett, O. B. Gauntlett, L. F. Hanbury, W. T. Haydon, H. H. Kiddle, C. de Z. Marshall, A. F. Miskin, C. A. Palmer, G. R. Roberts, H. Upcott.

Final Examination.—

Medicine.—*J. A. Barnes, P. R. Browning, E. F. Buzzard, *E. M. Corner, *A. W. Daniel, H. A. C. Harris, *A. E. Harrison, W. J. H. Hislop, *H. C. Ross, *P. W. G. Sargent.

Surgery.—*J. A. Barnes, *S. H. Belfrage, *S. O. Bingham, E. A. Gates, *A. E. Gladstone, W. J. H. Hislop, S. A. Lucas, H. L. Norris, *G. H. Pearce, *F. Pershouse, C. Powell, H. M. Scaping, *E. H. Scott.

Midwifery.—*S. H. Belfrage, A. C. Bird, E. C. Bourdas, H. H. R. Clarke, G. H. Dominy, H. H. J. Edwards, T. G. Fenton, J. Gaff, W. J. Galt, W. N. Heard, T. Hoban, A. W. Jones, H. S. Libby, B. N. Molineux, W. E. Nelson, E. E. Nicholl, T. Perrin, H. M. Scaping, F. Voller, W. J. Waters, *F. White.

*These gentlemen have completed the Final Examination.

UNIVERSITY OF DURHAM.**First Examination.**

Elementary Anatomy and Biology.—A. B. Bradford.

M. B. Examination.—F. C. James, H. P. Kennard.

B. S. Examination.—H. P. Kennard.

M. D. Examination.—W. E. F. Tinley.

UNIVERSITY OF CAMBRIDGE.**Third Examination.**

Part I.—J. R. Garrood, C. Powell, S. B. Reid, P. T. Sutcliffe, H. C. Thorp.

Part II.—T. H. Brown, E. M. Corner, A. E. Harrison, P. W. G. Sargent.

D. P. H.—W. E. Dixon, R. W. C. Pierce.

House Appointments.

The following gentlemen have been selected as House Officers from Tuesday 7th June, 1898.

House Physicians—

R. W. C. Pierce, M.B., B.Sc. Lond., M.R.C.S., L.R.C.P., L.S.A., D.P.H. Camb.; H. H. Scott, L.R.C.P., M.R.C.S. (extension); H. F. Shea, M.B., B.S. Durhm., L.R.C.P., M.R.C.S. (extension); R. H. Bell, B.A. Camb., L.R.C.P., M.R.C.S. (extension).

House Surgeons—

J. F. McClean, L.R.C.P., M.R.C.S. (extension); C. J. Marriage, L.R.C.P., M.R.C.S. (extension); J. S. Hall, L.R.C.P., M.R.C.S. (extension); H. H. Sanguinetti, B.A., M.B., B.Ch., Oxon., L.R.C.P., M.R.C.S. (extension).

Assistant House Surgeons—

E. H. Cobb, L.R.C.P., M.R.C.S. (extension); A. C. Robinson, L.R.C.P., M.R.C.S. (extension); F. L. A. Greaves, L.R.C.P., M.R.C.S. (extension); A. H. Greg, B.A., Camb., L.R.C.P., M.R.C.S. (extension).

Obstetric House Physicians—

H. T. M. Alford, L.R.C.P., M.R.C.S.; L. Gilbert, L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Departments for Diseases of the

Throat—A. J. Grant, M.D., Brux., L.R.C.P., M.R.C.S. (extension); F. R. Martin, B.A., M.B., B.C., Camb., L.R.C.P., M.R.C.S.

Skin—W. J. E. Davies, L.R.C.P., M.R.C.S.; P. W. G. Sargent, B.A., Camb., L.R.C.P., M.R.C.S.

Ear—F. H. Allfrey, B.A., Camb., L.R.C.P., M.R.C.S.; H. P. Kennard, M.B., B.S., Durh.

Clinical Assistant in the Electrical Department—

S. H. Belfrage, L.R.C.P., M.R.C.S.; W. Thornely, M.A., M.B., B.C., Camb., L.R.C.P., M.R.C.S.

St. Thomas's Hospital Gazette.

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JUNE, 1898.

VOL. VIII.

The Production of Uric Acid in Health and Disease.

THE question of the normal production and excretion of uric acid forms one of the most interesting and intricate problems of chemical physiology, and this interest is further enhanced by the direct bearing which the problem has upon many questions of pathology. In this brief review of the present position of our knowledge it will be of convenience therefore to first examine the physiological side and then point out the bearing this may have upon the conditions observed in disease. In examining the normal production of uric acid we naturally, in the first place turn our attention to birds and reptiles, for in them the bulk of the nitrogenous waste leaves the body in the form of uric acid. No matter in what form nitrogen is administered to them—as leucine, glycine, or aspartic acid; as urea, carbonate, or carbamate of ammonia; as xanthine, hypoxanthine, or adenine—it invariably appears in the urine as uric acid. One of the first points we wish to determine is the organ in which the acid is produced. Schröder showed that this was not the kidney by extirpating the organ in fowls and in snakes. Hens survived this operation for from five to ten hours, and snakes an equal number of days, and in both cases Schröder succeeded in demonstrating an excessive accumulation of uric acid in the tissues of such animals. Minkowski, on the other hand, gave the positive knowledge as to the place of formation of uric acid by extirpating the livers of birds. He chose geese for these experiments because of their size and because they secrete abundance of urine after the operation. The total nitrogen eliminated by such animals was not materially diminished, but whereas in normal animals uric acid forms 60 to 70 per cent. of the total waste nitrogen, in these experiments the proportion fell to from 3 to 6 per cent. Moreover the waste nitrogen in these cases appeared as ammonia, and was accompanied by large quantities of lactic acid—sufficient even to make the urine strongly acid, whereas normally no lactic acid can be detected. The conclusion therefore is that the normal production of uric acid by the liver in these animals is from the ammonium salts of the blood and lactic acid.

In another direction, however, we have experiments of a totally different character tending to show that there is a second way in which uric acid may be formed. These start from the observation that uric acid in fairly considerable quantities is always to be

obtained in extracts of the spleen pulp, which has led to the view that the spleen may produce it from some other substances, and in fact this has been established by the recent experiments of Horbaczewski. He showed that if a fresh spleen be minced, mixed with a quantity of the animal's defibrinated blood, and kept at body temperature while a stream of oxygen gas is passed through it, uric acid makes its appearance, and simultaneously the xanthine bases—always present in some quantities in the spleen—undergo a corresponding diminution. The xanthine bases (alloxur bases, *e.g.*, xanthine, hypoxanthine, methyl-xanthine, adenine &c.), are very closely related to uric acid, and possess the same main configuration in their molecules, and apparently this action of the spleen is in the main an oxidation of the alloxur bases carried on by its cells. The experiments of giving the alloxur bases as drugs to animals has not however led to definite results in this direction, but we have most important confirmation from other experiments. The most characteristic proteid obtainable from tissue cells belongs to the class known as nucleo-proteids, from whose decomposition Altmann first obtained a phosphorus-rich organic acid known as nucleic acid. There are several varieties of this acid known which differ from one another in origin and the decomposition products which they yield when treated by different reagents. Kossel has shown that among these decomposition products one or more of the alloxur bases are invariably present; and as nucleic acid exists in the body combined with proteid to form either nucleins or nucleo-proteids, suggested that one or other of these bodies might prove to be the source of the uric acid eliminated. One of the positions from which nucleo-proteids have been most abundantly obtained is lymphoid tissue (thymus, lymphatic glands, &c.), and Horbaczewski has suggested that the production of uric acid is intimately related to the metabolism of the leucocytes, *i.e.*, that it is produced chiefly from the nuclein of the leucocytes as they break down. Thus he points out that the amount of uric acid excreted varies directly with the degree of leucocytosis which immediately preceded, so that a direct relationship between the two seems to be definitely determined. In many fevers, too, in which an excess of uric acid is eliminated this excess is accompanied by an increased excretion of phosphorus, an increase such as we should expect to find accompanying the uric acid excess if the latter came from the phosphorus-rich nucleo-proteid. Kühnau has also proved for many diseases that an increase in the number of leucocytes present in the blood is invariably followed by an increased elimination of uric acid, the maximum of which follows the most rapid disappearance of the leucocytosis. He further found that intra-peritoneal injection of

nuclein rich cells, (*e.g.* thymus) led to a great increase in the amount of uric acid eliminated. We must not however limit this source of the uric acid to the disintegration of leucocytes alone, for there are many facts which confirm us in extending that origin to all cells, all of which contain nuclein, and may therefore on dissimulation produce uric acid in a similar way.

Seeing that the breaking down of tissue cells within the body can lead to the production of uric acid from the alloxur-bases they contain, the question necessarily arises whether the same result may follow when similar cells are taken as foods; an origin which might account for the main amount of uric acid eliminated under normal conditions. In a recent paper Jerome has published experiments carried out upon himself for the purpose of testing this point. By varying his diet and studying the results he concludes that some of the uric acid can be accounted for in this way; chiefly, though not entirely, for there are other influencing conditions, the effects of which have yet to be worked out.

We see then that there are two distinct methods by which an increased output of uric acid may be brought about as a result of the abnormal working of the body, viz., by a synthesis from ammonia and lactic acid in the liver, or secondly as a result of increased cell destruction. On the other hand we have to determine whether any such increase is purely alimentary and due to an increased amount of nucleo-proteid taken. Muscle is comparatively free from nucleo-proteid, whereas such tissues as thymus, kidney, liver, brain, &c., yield abundant quantities.

In applying this knowledge to special diseases we must bear these several factors in mind, when in many cases the explanation becomes obvious. Thus in leukaemia the increased excretion of uric acid is in all probability due to the increased rate of production and of destruction of the leucocytes, and a similar explanation holds with regard to the increase observed in certain stages of croupous pneumonia and of tuberculosis. In examining the causation of gout the difficulties experienced are much greater. The amount eliminated by a gouty person may be directly increased by taking any nuclein-rich foods, but this alone will not account for all the phenomena observed. It is not simply a question of diminished excretion nor a diminished power of the blood to dissolve the salts. There is an increased production which may be brought about in two ways:—There may be for some reason an increased metabolism of the nuclein portions of the various tissue cells resulting in an increased liberation of alloxur-bases and hence of uric acid, and this view might be tested by a simultaneous examination of the nitrogenous and phosphorus elimination in various stages of a gouty attack. Or on the other hand the cause may be

due to an excessive production of uric acid by the liver. The initial error in metabolism might for instance consist of an increase in lactic acid sent out into the blood, which increase on reaching the liver may result in a synthetic formation of uric acid by that organ. The other substances necessary for that synthesis, ammonium carbonate or ammonium carbamate, are already existent in the blood, and the only further body therefore required is lactic acid. This in its turn might arise from the tissues generally, from the liver itself, or from the intestinal tract via the portal vein. There are one or two facts distinctly in favour of this latter view, and of these we might especially mention the well-known effect of an excessive carbohydrate dietary in gouty individuals; or again we might instance the dyspeptic disturbances, nearly always resulting in an excessive production of lactic acid, which form so universal a series of symptoms in most cases.

T. G. BRODIE.

Medical and Physical Society.

From time to time attention has been called to the fact that there are never any Oxford or Cambridge men on the Committee of the Medical and Physical Society. This defect, for it has undoubtedly been a defect, was due to the fact that until quite lately, the Committee consisted of ten members elected annually to represent their various years—two for the second, two for the third, and so on. The representatives of the second year were never Oxford or Cambridge men, as the latter enter as third year students, and the representatives of the third year have almost invariably been the men who, the year before, represented the second year.

To obviate this difficulty, the rule concerning the election of Members has been altered, and now stands as follows:—

“The Committee shall consist of the President, Vice-Presidents, and ten other Members who shall be elected, by ballot, at the Annual General Meeting. The Secretaries shall post a list of all candidates for election, with the names of their proposer and seconder, on the notice board, at least one week before the ballot takes place.”

Under this rule a Committee of ten Members can be elected irrespective of their seniority according to year; and the only objection that can be raised against it is, that there is a possibility of senior men alone being elected; seeing, however, that students as a rule do not take much interest in the Society until after their first year or so, this cannot be a very grave defect.

Another alteration in the rules has been made, viz. : That Rule 14 be omitted. The rule read thus :—"At the conclusion of each meeting, Members and Visitors shall be provided with light refreshments at the expense of the Society." Last year the refreshment account absorbed almost the entire grant voted to the Society by the Council of the Amalgamated Clubs, and as it was impossible to provide refreshment more cheaply, it was decided to abolish the rule. Arrangements, however, will be made, whereby Members will be able to obtain light refreshment for themselves and their friends at their *own* expense.

At the General Meeting of the Medical and Physical Society, held on June 7th, Dr. Turney was elected President for the year 1898-9. Mr. Saunders was re-elected Treasurer, and the Committee consists of the following :—T. F. McClean, E. A. Gates, H. R. Beale, H. T. D. Acland, F. C. Coe, C. F. Selous, C. L. Hawkins, H. S. Stannus, J. J. Armitage, and H. H. G. De Brent. Mr. Battle, who has for two years held the somewhat arduous position of President, with great satisfaction to all Members of the Society, was elected one of the Vice-Presidents.

At a Committee held immediately after the general meeting, Messrs. H. T. D. Acland and F. C. Coe, were elected Secretaries, and the preparation of the programme for the ensuing year was entrusted to them.

St. Thomas's Church, Southwark, or St. Thomas within the Precincts.

THE Church of St. Thomas, Southwark, is intimately connected with the Hospital of St. Thomas, inasmuch as it was part of the old building of the Hospital in its Southwark days.

The true foundation of the Church may be said to have taken place when the Precincts of the Hospital became the small parish of St. Thomas in the reign of Richard II., 1378. It was quasi independent of all external jurisdiction, being ruled by the Governors of the Hospital.

In 1538 the Hospital was surrendered to King Henry VIII. as Church property, after the dissolution of monasteries, and with it went the Church ; but in 1553 we find that "the Church of the Hospital, which served for the tenements near adjoining and pertaining to the said Hospital, remaineth as a Parish Church. The dedication of the Church was as the old Hospital to St. Thomas the Martyr, that is St. Thomas & Becket, but when the dedication of the Hospital was changed to that of St. Thomas the Apostle, the Church still retained the old patron saint. This does

not refer to the present structure. The Church now standing dates from the year 1703, following the rebuilding of the Hospi^al in the year 1700. The new Church was erected at a cost of £3,000, having 500 sittings. The building is of red brick and very austere in its plainness. The gallery still runs round two sides of the Church, and still to be seen is the old "three decker," and the Treasurer's pew is as it was in 1703.

The Church of St. Thomas is what is known as a "Donative," in the private gift of the Governors of Hospital. This apparently has been always the case, for as far back as 1562 we read that the Curate of the Parish Church within the precincts of Hospital was discharged at a Court of Governors and another was ap-



pointed. Thus the Bishop has no direct control over the building but the minister of the Church is accountable only to the Governors, and his appointment is only during their pleasure. The Parish, being the precincts of the old Hospital, is naturally small, and the population even now less than in former days.

Turning to the past history once more, in the year 1534, a notable event took place. In that year convocation petitioned the King for a translation of the scriptures into the English tongue, and here in the precincts of the St. Thomas's Hospital the Bible by Coverdale was printed by one James Nicholson, the same an artist in stained glass, whose work as such is seen to perfection in the windows of King's College, Cambridge.

The precincts of the hospital was too the scene of the administration of public justice, and in the reign of Henry II. we read of it being administered outside the Church of the Hospital twice a week by a visiting magistrate, and many were condemned to the pillory outside the Church door.

There was a burial ground attached to the Church in which were interred parishioners, and many Flemish refugees who settled in the parish of the precincts. This burial ground was closed in the year 1855, and is now partly covered by houses and warehouses, though still are to be seen a few of the later head stones in a garden at the back of St. Thomas's Street. Beneath the Church is a vault covering a large space of ground, but this has long been closed, and the bodies removed.

At the east end of the Church is some fine carving, and over the reredos is a Flemish painting of cupids, surmounted by the royal arms in carved oak. When re-decorated, two years ago, a fresco was discovered, apparently of two curtains, one each side of the Altar, resembling somewhat the side curtains of a stage—what the origin of these was is not known ; it is now preserved, the wall being covered with paper that can easily be removed without injury to the painting.

On the walls of the Church are a few memorial tablets, one to a late minister, and one to the founder of Guy's Hospital. Another tablet is to the memory of two House Surgeons of the Hospital, Grabham and Complin, who died of fever at Scutari, during the Crimean War, whither they had gone to tend the sick and wounded. There are also tablets to two Receivers of the Hospital. Adjoining the Church is still standing the old Treasurer's house, which now is converted into the Bishop's College—from this house there was a private entrance to the gallery of the Church, and to the Treasurer's pew.

In the parish is an old foundation charity school, known as St. Thomas's School, founded 1704, at which a certain number of boys are educated and clothed. This school is shortly to be given over to the Charity Commissioners. Thus will it be seen that the Church of St Thomas within the Precincts may be looked upon as one of the interesting metropolitan landmarks of ancient times—though small in size, yet it is of interest to St. Thomas's men, both past and present, being as it is the only remaining portion of the Old Hospital in its early days of existence.

E. TRAVERS CLARK.

Hospital News.

MR. MACKELLAR'S resignation of his position on the Active Surgical Staff, will be received with great regret ; we hope that his

health, which for some time has been far from satisfactory, will be speedily restored.

Mr. Makins will now leave the out-patients and become full Surgeon. A certain amount of changing has taken place in the wards. Mr. Clutton leaves Edward for Albert, and has twenty-one beds in Alexandra; Mr. Anderson will remain in Leopold, and has twenty-one beds in Elizabeth; Mr. Pitts remains in Clayton, and has fourteen beds in Beatrice, and seven in Alexandra; while Mr. Makins will have Edward, with fourteen beds in Beatrice and seven in Elizabeth.

Mr. Arnold, who was recently appointed Obstetric Registrar and Tutor, has unfortunately been compelled to resign the appointment through ill-health.

The Manchester Royal Infirmary has started a Gazette, under the title, M.R.I., and the first two numbers are excellent. They contain several good papers on clinical and pathological subjects. In the second number there is the first portion of an interesting paper by Dr. Dreschfeld, on the changes in the spinal cord in Pernicious Anæmia, with illustrations of the degeneration in the posterior columns, from a very typical case.

The poor "Sphygmograph" died a speedy death; it was a venture from the London Hospital, and intended apparently to follow the lead of the Guyoscope, but we believe it never even reached a second number. The Guyoscope, in its last number, gave the first of a series of portraits of celebrities at different ages, and in four amusing illustrations, we follow the evolution of Dr. Washbourn, from his early infancy to the present day. We greatly admire the Guyoscope; it certainly has the courage of its convictions. We heard a good story anent one of its most courageous artists; he was asked by a wearied member of the staff: "Now, Mr. ———, which do you mean to be, a Dentist or a Street Artist?" This is good enough to be true—not as some would say—too good to be true.

A book by Dr. Solly, an old St. Thomas's man, is reviewed at length in the present number of the Gazette. Within the last year several works have emanated from St. Thomas's, among which we may mention Dr. Brodie's "Experimental Physiology," with its beautiful tracings, and Mr. Anderson's "Deformities of Fingers and Toes." A work of a very different character to all the above by Mr. Maugham—"Eliza of Lambeth," has achieved a great and well-deserved success. It deals with one aspect of Lambeth life in a powerful and perhaps rather lurid way; the uncompromising

vigour of both plot and style will appeal strongly to all lovers of realism. Mr. Maugham is to be congratulated on it, and we surmise and hope that we may have the opportunity of reading more of his work in the future.

We are glad to see that St. Thomas's is one of the nine Hospitals that have combined to promote an improved system of post graduate instruction—the others being Charing Cross, Guy's, King's, Middlesex, St. George's, St. Mary's, University, and Westminster. Joint cards are issued, for qualified men only, and admit the holders to clinical instruction, operations, etc. The fee for three months is seven guineas, and for six months ten guineas. All information can be obtained at the office of the Metropolitan Schools of Medicine, at the Examination Hall.

It is the good fortune of all of us at St. Thomas's to be constantly hearing of successes and distinctions achieved by Thomas's men, who have either settled abroad or are in the services. Especially glad are we to read that the Distinguished Service Order has been conferred on Surgeon-Captain John Fisher, of the Indian Medical Service, who took part in the Tirah Expedition in the North-West of India. He was mentioned in despatches by Major-General Sir Bindon Blood, for "great gallantry" during the Mahmud operations in making "a most determined attempt to take medical aid to the wounded of Captain Ryder's detachment through a hot fire." Many will remember Fisher well, he was Ophthalmic House Surgeon as recently as 1892, and passed very high up in the Examination for the Indian Medical.

An astonishing amount of work has been expended in getting Mary ward ready, and it is now almost completed. One cannot help thinking it would be impossible to find anywhere a better equipped or more delightfully situated ward. As in Florence and Beatrice the electric light has been fitted over every bed. Another improvement, which we have long advocated, and which will be welcomed by all clerks, H.P's, nurses, and others who have anything to do with the notes, is that sensible brass hooks have been fitted in the walls, in place of the unsightly and inconvenient wires whose vagaries we are all so familiar with. One would have liked to see the hot water pipes, with their dust collecting gratings replaced by plain exposed pipes. The bath-room has been transformed into an operating theatre, with seats fixed around three sides; in these days, perhaps, it would have been better to have had them movable, for purposes of cleansing. The hot water pipes again have been fixed so close to the walls that it will be a matter of great difficulty to remove the dust which will inevitably collect there.

We are glad to see that Mr. Parsons has been re-appointed Examiner in Biology at the College.

The Inter-Hospital Sports will be held on July 9th, at Stamford Bridge, and we hope that St. Thomas's will be well represented. Our own sports take place on June 27th, and we would again express the hope that it may be a better attended and more enthusiastic meeting than is usually the case.

The GAZETTE is indebted to the kindness of the Rev. E. Travers Clark for his paper on St. Thomas's Church, of which he is the Vicar. Mr. Clark is associated with St. Thomas's in another way, inasmuch as he is the son of the late Mr. Le Gros Clerk, one of the Surgeons of the Hospital, whose photograph appeared in the GAZETTE in 1892. St. Thomas's Church and its street are well worth a visit; the ancient registers of births, marriages, and death are very interesting, and especially so those belonging to the time of the great plague; page after page being filled with deaths from plague only, and that in a small parish. Mr. Clark, the Registrar of births, etc., is kind enough to shew them. The houses to the right of the Church and behind the railings are all of them relics of old St. Thomas's, and among them is the old Treasurer's House, College House, etc. Behind the houses are still some of the cloisters of the old squares, and the gateway leading from the street to King Edward's Square is standing.

Clinical Jottings.

WE appear to be again in the midst of an epidemic of Acute Pneumonia. Within the last few weeks a dozen bad cases have been admitted to the medical wards, and of these, four speedily proved fatal. This is a heavy mortality, and is possibly partly accounted for by the presence of firm pleural and pericardial adhesions in one case, and of intemperate habits in two others. In all the cases the constitutional symptoms have been much more marked than the physical signs.

There is at present a very good opportunity for watching the therapeutic effect of supra-renal bodies, as two cases of Addison's disease are being treated with them, and also a case of Exophthalmic Goitre, with considerable pigmentation of the skin. Of the cases of Addison's disease, the man in George appears to have very considerably improved; he looks much better, is stronger, and, some think, less pigmented. The woman has not been long under treatment, but even she states that she feels better and less languid. Although vomiting was noticed in each case before admission, yet it was never a prominent symptom, and has not occurred since they have been under observation. The supra-renals used are obtained from sheep, and are prepared in the Dispensary, in the following

way:—The outer coat of the gland, which weighs nearly a quarter of the whole, is first removed. The remainder, which includes both cortex and medulla, is then intimately mixed with powdered tragacanth, and 1% salicylic acid. The resulting mass resembles sausage meat, and is put up in capsules which contain the equivalent of 15 grains of the gland itself. Liquorice powder was first used in place of the tragacanth, but discarded on account of the tendency of the mass to become mouldy. The male patient is taking 75 grains of the gland in divided doses during the 24 hours, whilst the women take 15 grain doses three times daily.

A case of considerable interest and rarity has recently been under the care of Dr. Hawkins. A man of 30 appeared at the Hospital complaining of somewhat sudden loss of power in his right hand and arm. It was found on examination that there was also an appreciable amount of weakness to the right leg. Considerable clubbing of the fingers was noticed, and enquiry elicited a long history of lung trouble, and of repeated left sided pleurisy. The percussion resonance over the lungs posteriorly was deficient, particularly at the left base. In the latter situation were many crepitations, whilst rhonchi were heard all over the chest. The expectoration was muco-purulent, offensive and very profuse. No tubercle bacilli were found. On the day before admission the patient had a convulsive fit, which started in the right hand, and spread thence to the right side of the face and the right leg. Within the next few days two similar fits occurred, and the hemiplegic weakness became more pronounced. Although the optic discs were healthy, and there were none of the signs of general intracranial pressure, yet the presence of the paralysis, coupled with the lung signs, was thought to indicate a cerebral abscess secondary to bronchiectasis. The diagnosis was confirmed by operation, a small abscess in the left motor region being successfully drained. After this the hemiplegia became more pronounced, the right arm and leg were anæsthetic, and complete motor aphasia supervened. Difficulties with the drainage of the abscess cavity caused trouble, and after some improvement in the symptoms, the patient again became aphasic and very lethargic. The pulse was now slow and the temperature subnormal. The condition of the lungs and the absence of effectual cough gave rise to much anxiety. Nine days after the first operation, a second collection of pus, lying a little anterior to the first, was found and evacuated. Slow and continuous improvement followed, but the right arm, in which power gradually returned from the shoulder downwards to the fingers, still remains weak.

Those who are interested in nerve lesions will have observed no doubt that there was recently in George a youth with "crossed paralysis."

On the right he has an extensive third nerve lesion, coupled with hemiplegic weakness and increased reflexes on the left. The hemiplegia was associated with a slight degree of hemianaesthesia, but this has now disappeared. The symptoms in other respects are progressive, and the left third nerve is now becoming rapidly involved. The patient has no optic neuritis, but is getting very drowsy and apathetic. The diagnosis most favoured is that of a cerebral tumour in the region of the crura.

Rifle Club.

ST. THOMAS'S v. ST. BARTHOLOMEW'S.

This match was fired at Ilford, on June 16th. Our full team were unable to be present, but the match ended in a win for us by 14 points. Scores :—

<i>St. Thomas's.</i>				
	200 yards.	500 yards.	600 yards.	Total.
N. Unsworth ...	30	25	22	77
C. de Z. Marshall	34	33	22	89
H. Upcott ...	26	32	22	83
H. B. Newham ...	18	22	20	60
E. W. Wright ...	22	12	7	41
H. E. Weekes ...	28	28	19	75
E. D. Vaughan ...	25	19	14	58
Counting out 41 ...	...	...	...	442
St. Bartholomew's total for best six				428
				14

ST. THOMAS'S v. WHITGIFT GRAMMAR SCHOOL.

This match was fired at Runemede, on Monday, June 20th. The day was very bright, but the wind was variable and a bit shifty, and required some judgement. We were only seven men down, but counting the best six scores, we won by 14 points. Scores :—

	200 yards.	500 yards.	Total.
Marshall, C de Z.	33	32	65
Beale, H. R.	26	27	53
Unsworth, N.	23	28	51
Upcott, H.	31	25	56
Weekes, H. E.	31	22	53
Cumming, T.	18	11	29
Newham, H. B.	14	18	32
Total best six scores			310
Whitgift Total, best six scores			296
			14

UNITED HOSPITALS R.A. v. ROYAL INDIAN ENGINEERING COLLEGE.

This match was shot on June 11th at Cooper's Hill, the hospitals winning by 36 points. The following are the scores :

U. H. R. A.

		200 yards.	500 yards.	Total.
T. H. Gandy	...	21	26	47
A. Pearson	...	29	30	59
C. de Z. Marshall (Capt.)		34	32	66
S. Hodgson	...	22	30	52
H. C. Jones	...	28	18	46
N. Carpmael	...	28	31	59
O. E. Lord	...	21	21	42
A. de Morgan	...	26	24	50

Total ... 421

R. I. E. C. ... 385

Books for Review.

A HANDBOOK OF MEDICAL CLIMATOLOGY. By S. Edwin Solly, M.D., M.R.C.S., late President of the American Climatological Association. Illustrated in black and colours. London : J. & A. Churchill, 1897, pp. 470.

The name of Solly is one which is familiar to many generations of St. Thomas's men, and, accordingly, our readers will be glad to know that the author of the present work was himself a distinguished student of our Hospital, and at one time held the post of Medical Registrar. Dr. Solly has, however, for many years been one of the leading physicians at Colorado Springs, Colorado. The fact that he was elected President of the American Climatological Association shows that he is entitled to speak with some authority on the subject.

As Dr. Solly remarks, it is a marvel how little thought and study is bestowed by the majority of medical practitioners upon this important branch of medical science. Yet how ready are some doctors to advise their patients to go abroad, to the Cape, to Australia, or New Zealand as the case may be. An invalid who is told he must go abroad often sacrifices his all to carry out the doctor's advice, and when at last he reaches the new country to which he has been sent, is often informed that he should never have left home, and should return at once.

The scanty knowledge of the average doctor in regard to climatology is partly to be accounted for by the want of a systematic treatise on the subject. This want Dr. Solly attempts to supply.

The bulk of the existing literature is composed of empirical and biased accounts of various health resorts, each claiming ability to cure all diseases. Dr. Solly has endeavoured to get at facts, founded on accurate meteorological observation. It must, however, be borne in mind that climate is not everything. Wherever an invalid is sent it is important that he should be well housed, that the food should be good and such as he can eat, and that he should be able to obtain competent medical attendance and efficient nursing, should this be required. It is needless to add that his means should be sufficient for the necessary expenses. Before we can recommend the best climate we must know what are the patient's means, what are his ties, what are his inclinations, and a number of other factors, which must be carefully considered in each individual case.

Dr. Solly has divided his book into three sections. The first deals broadly with the general principles of the science. The second treats of the therapeutics of climate in relation to disease, while the third is devoted to a description of special climates as typified in selected resorts, and includes comparative and other tables.

The first section extends to fifty pages. Chapter I. deals with climate and the six elements, earth, air, water, sunlight, temperature, and electricity, which make up its construction. Chapter II. treats of physiology and the effects of increased and decreased barometric pressure. Chapter III. is taken up with ethnology; Chapter IV. with the geographical distribution of disease; and Chapter V. with the classification of climates. The discussion of subjects is both adequate and interesting. In the second section the treatment of phthisis by climate is considered at some length. What the author says in regard to this is well worth study. Dr. Solly points out how much more difficult it is to cure or benefit a foolish patient than one with common-sense. "Although imprudence is a bad thing in an early stage, it is far more serious in an advanced one, in which an attack of folly is often irremediable." He thinks that, doubtless, the example and discipline enforced in sanatoriums turn many of the would-be unwise into wise invalids. He concludes that the qualities which most aid the consumptive in recovery are—first, strength; second, wisdom; and thirdly, equability of temperament.

The third section occupies nearly two-thirds of the book, and of this the greater part is taken up with the consideration of the climate of North America. By far the most interesting portion to the English reader is the account given of the climate of the Rocky Mountain Regions. Of this Dr. Solly has made a special study, and full particulars are given regarding Colorado, including Colorado Springs

and Denver, New Mexico, Arizona, and other important districts. There is no doubt that Colorado Springs can boast a climate superior to any of those within easier reach of England. We read that Denver is just a mile above the sea level, has 315 sunny days throughout the year. One great advantage of Denver as a health resort is, that it is a very prosperous city, and there are accordingly openings for both business and professional men to earn a living.

The account given of Europe, Asia, Africa, and Australasia, is too sketchy to be of very much value to the English reader. It is curious to read in a book published in London that the British Isles consists of two large islands and many small ones, and that Great Britain the largest of these is only one fortieth the size of the United States of America. Some of the information given is neither quite accurate nor up to date. Thus we are informed that Heligoland is owned by England, and lies six miles from the mouths of the rivers Weser and Elbe. Had its position been so favourable we doubt whether it would have been ceded to Germany in 1890.

Those who have visited the Channel Islands will be surprised to learn that Jersey, the largest of these islands, lies thirty-five miles south of England, and thirteen miles north-west of France. The reader is informed that they "still belong to England, being the last relics of the Norman possessions." We do not dispute the accuracy of the last statement, but it seems a little unkind to suggest that these last relics may not be ours much longer.

The illustrations consist of relief maps of the United States, and of the various continents, together with coloured maps showing the rainfall for the four seasons throughout the year. The relief maps are very effective, and show very clearly and usefully the configuration of the various countries. The book is well printed and of a convenient size.

In conclusion we can cordially recommend a perusal of the work to all those who desire to obtain a knowledge of the principles of climatology, and who wish accurate information regarding the special characteristics of the climate of the Rocky Mountain district, and its effect on disease, especially pulmonary tuberculosis.

INFLAMMATION OF THE BLADDER AND URINARY FEVER. By C. Mansell Moullin, M.D., Oxon., F.R.C.S., Surgeon and Lecturer on Surgery, at the London Hospital, &c. H. K. Lewis, 136, Gower Street, W.C., 1898. Pp. 153.

The monograph is of extreme interest, dealing with this important disease on modern lines. The text of the work is to establish the bacteriological causation in the various forms, and the rôle played by the bacillus coli is particularly convincing. Perhaps the most valuable section in the book is that on Urinary Fever, wherein old

time errors are swept aside and rational explanations given of the different clinical types. The chapter on treatment is sound and helpful, and the book concludes with a full description of the pathology and clinical manifestations of tuberculous cystitis.

We may congratulate the author on having produced a very readable and interesting book, and we highly recommend its study to all intending to present themselves for the higher Surgical Examinations.

AIDS TO EXAMINATIONS IN MEDICINE, SURGERY, MIDWIFERY AND THE ALLIED SCIENCES. Part II. By T. Reuell Atkinson, M.D. Pp. 170. Price 2/6. Messrs. Baillière, Tindall & Cox, London.

In the preface of this work it is honestly stated that its design is that of an aide-memoire, and that it is not intended in any way to take the place of the ordinary text-books. The book is arranged as follows:—Questions are asked as in examination papers and answered, some briefly, others more fully; questions in medicine, surgery and midwifery following one after the other. Necessarily the answers are brief, the salient features being frequently rather indicated than discussed. The author, wisely we think, does not make any attempt to cover every subject; thus many diseases are entirely omitted, others considered from the clinical or pathological aspect only, as the case may be. This is a decided advantage, for it quite does away with the danger that so often attends these "Aids," viz., of their being used to the exclusion of systematic works; from its very nature it can only be used as a supplement to wider reading and as a useful test of all round knowledge. Men up for examinations may frequently be seen testing each other on old exam. papers—this work will usefully fulfil such a purpose.

Examination News.

UNIVERSITY OF LONDON.

M. D. Examination.—A. A. Montague, Robert Hughes, W. D. Knocker.

ROYAL COLLEGE OF SURGEONS.

F.R.C.S.—Primary.—T. H. Edwards.

Final.—J. H. Prain, G. W. Roll.

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VOL. VIII.

Molluscum Contagiosum in Birds.

SAMUEL G. SHATTOCK.

ALTHOUGH Molluscum Contagiosum in birds was described in Virchow's Archives by Bollinger of Zurich so long ago as 1873, no reference to it will be found in current English works on Pathology, and what is still more remarkable, none in systematic works on Dermatology. My own attention was directed to this subject in consequence of receiving at the College of Surgeons a North American Bunting sparrow which had died with a spherical swelling beneath the mandible. As microscopic examination disclosed, this was due to a neoplasm which presented all the histological characters of molluscum contagiosum as met with in the human subject; it had the lobulated outline so apparent in such tumours, and consisted of epithelium supported upon a peripheral wall, and scanty septa of connective tissue. The more central cells of the epithelium were in process of the characteristic molluscum change, *i.e.*, they were in various degrees filled with a vacuolated hyaline substance displacing the nucleus, and readily staining with eosin.

A month after this, a second Bunting sparrow was sent to the College with a swelling in front of the left eye, and the interesting information that the bird was the mate of that first sent and that the growth had been observed to develop after the death of the other. Microscopic examination proved that this was a tumour of the same kind.

The contagiousness of molluscum is now generally allowed, the direct examples of it, both clinical and experimental, being too marked for refutation. And in the two instances here noticed, there is little room for doubt that the second bird was inoculated from its mate. The situation of one tumour beneath the mandible

and of the other on the skin in front of the eye, is aptly explained by the less protected character of the integuments of the head and their greater exposure to injury arising from the well known habits of birds, whether amatory or vindictive.

I have identified the same disease in the common sparrow from growths about the beak, as well as in the pheasant. It is in domesticated birds, however, that the disease has been most frequently observed, and it is a fairly common one amongst fowls, turkeys and pigeons. In the College Museum I have recently placed examples from the turkey and fowl.

There is one important point in regard to the diagnosis of molluscum in birds,—in certain stages the true nature of the disease may be entirely overlooked. The specimen here figured will illustrate the difficulty.



It is the head of a fowl, on the comb and about the beak of which are a certain number of eminences, covered with thick dry horn-like crusts; the latter are readily separable and surmount flat elevations which consist solely of granulation-tissue evenly covered with epidermis. Now, the noteworthy point is, that the crust in question comprises the whole of the molluscous lesion, which is being shed after having undergone spontaneous necrosis. Hence were the crust ignored (and it readily separates in unembedded sections) the subjacent plaque of granulation-tissue, invested as it is with a continuous and normal epidermis, might be attributed to an entirely different cause, and the disease itself grouped amongst

the more obscure infection granulomata. In the final stages of spontaneous cure the dead material is completely shed.



The head of a Pheasant beset with many elevations, most of which consist of granulation tissue, the disease having for the most part undergone spontaneous cure.

No similar mode of spontaneous detachment has, as yet, been traced out in the human subject, and this for the reason that the disease here invariably affects the form of a definite tumour, whereas in birds it may be quite a superficial and purely epidermal lesion which on undergoing necrosis will scale off from the subjacent corium.

This necrosis is the explanation of the fawn or brown colour which the avine tumours frequently present; and though most common on the eye-lids, edges of the nostril, and external auditory meatus, etc., the growths may be met with on the abdomen, wings, or legs.

Mr. Jonathan Hutchinson has recounted a case in which molluscum contagiosum was conveyed to the human subject from a dog. This case is unique as being the first in which the disease has been demonstrated in any of the lower mammals, and I have ventured to draw attention to the form it takes in birds, as it is not improbable that molluscum in poultry may be at times the source of the human lesion.

Some Notes on the New British Pharmacopœia.

BY EDMUND WHITE, B.Sc. Lond., *Pharmaceutist to the Hospital.*

THE alterations, omissions, and additions involved by the new edition of the British Pharmacopœia have been already described and discussed, from a general standpoint, in the medical and pharmaceutical journals. In the present article I desire to show how the new pharmacopœia will affect the practice of St. Thomas's Hospital in particular. One finds that each hospital possesses a book of formulæ, or so-called Hospital Pharmacopœia, which is really a reflection of methods of prescribing certain of the most frequently used remedies followed by the staff of each institution. I will therefore discuss the formulæ of our own Hospital Pharmacopœia, so far as the requirements of the new B.P. render any change in their composition necessary or desirable.

Confectio Sennæ et Sulphuris.—Confection of sulphur remains the same strength as before, but some of the syrup is replaced by glycerin, the addition of the latter being made in order to prevent the confection becoming hard and crystalline by keeping. The mixed confections will not be altered in strength, and only very slightly in appearance.

Glycerinum Belladonnæ.—This is not affected in composition. Note, however, that the green extract from Belladonna leaves is called in the new B.P. *Extractum Belladonnæ Viride*, to distinguish it more clearly from the alcoholic extract of the root. This latter, by the way, has been made one-fourth the strength of the 1885 *Extractum Belladonnæ Alcoholicum*, and the doses of the two extracts are now the same, viz:— $\frac{1}{4}$ —1 gr.

Linctus.—There are some changes of minor importance in making oxymel of squill, mucilage of acacia, and spirit of chloroform. These do not materially alter the potency or appearance of either, so that our Linctus is not much affected.

Linctus cum Opio.—The process for making tincture of opium has been altered. The strength, however, remains the same, so that the opiate linctus is not changed from the prescribers point of view.

Mistura Ammoniac cum Senega.—This favourite mixture is radically affected by the recent changes. Ipecacuanha wine is now made by the addition of a standardised liquid extract of ipecacuanha to sherry, so as to secure more constant potency than the 1885 vin. ipecac. possessed, and chloroform water has only half the proportion of chloroform. The change in the latter is perhaps advisable as the taste of the old chloroform water (1 in 200) was very strong.

Mistura Aromatica.—Saffron is now omitted from Pulv. Cret. Aromat. probably without any loss of medicinal value, but the absence of saffron makes a great change in the colour, odour, and taste of the preparation.

Mistura Buchu Composita.—This is not much affected. Tincture of henbane contains 1 in 10 of henbane in place of 1 in 8, and is made with slightly weaker spirit. The time for infusing buchu in making the infusion, has been reduced to fifteen minutes.

Mistura Cascarilla Composita.—There is a slight change in the method of making compound tincture of camphor—an equivalent quantity of tincture of opium being used in place of powdered opium. This does not, however, affect the potency and dose. The strength and time of infusion of cascarilla has been diminished by one half.

Mistura Chalybeata.—There are some alterations of minor importance in tincture of perchloride of iron and infusion of quassia, which do not materially affect this mixture.

Mistura Expectorans.—The solution of acetate of ammonium is made by a somewhat different process, but the finished product is much the same, and has the same dose as formerly. Vinegar of ipecacuanha, like the wine of the same drug, is now made from the standardised liquid extract. Chloroform water has been already referred to.

Mistura Hamatoxyli cum Catechu.—Tincture of Catechu is increased in strength, and the process for making the decoction of logwood slightly modified. Neither of these changes very much affect the mixture, except perhaps to render a slight reduction of the tincture of catechu per dose desirable.

Mistura Rhei cum Soda.—Saffron is now omitted from tincture of rhubarb, modifying the flavour and odour of the tincture considerably, and producing a corresponding alteration in the Rhubarb and Soda Mixture.

Mistura Ricini Infantilis.—The *Mistura Olei Ricini* of the '85 B.P., in which the castor oil was emulsified by means of solution of potash is now replaced by a much more satisfactory formula. This contains three fluid drachms of oil, emulsified by means of mucilage of acacia in each fluid ounce, the vehicle being a mixture of cinnamon and orange flower waters. The new official *Mistura Olei Ricini* might very well replace our St. Thomas's mixture for children with a corresponding decrease in dose.

Mistura Salina Laxans.—The slight alteration in tincture of henbane will make very little difference in this mixture, but chloroform water having only half the strength it possessed formerly, should be used in place of half water and half chloroform water, in order to keep the mixture free from fermentation.

Mistura Scoparii Composita.—Decoction of broom is now omitted from the Pharmacopœia, but in this mixture it may very well be replaced by the official infusion of broom without any material alteration in properties.

Mistura Strychninæ Acida.—Liquor Strychninæ Hydrochloridi is now made by dissolving the crystallised hydrochloride of strychnine in water and spirit, in place of dissolving strychnine by means of hydrochloric acid. This, however, does not affect appreciably the medicinal value of the preparation. The alteration, however, is an improvement from a manipulative point of view.

Pigmentum Iodi.—The Linimentum Iodi of the old B.P. is now replaced by a preparation called Liquor Iodi Fortis. This liquor is still, however, not nearly so strong as the S.T.H. pigmentum.

Pilula Aloes et Nucis Vomicae.—Extract of henbane is now called Extractum Hyoscyami Viride, and extract of nux vomica is standardised to contain 5 per cent. of strychnine in place of 15 per cent. total alkaloids (strychnine and brucine). This is a considerable improvement, securing more constant potency in the extract, because the old process took no cognisance of the relative proportions of strychnine and brucine constituting the total of 15 per cent. This is an important factor in view of the great difference between the potency of the two alkaloids. The new extract will be somewhat weaker than the old, because the 15 per cent. total alkaloids have been usually found to consist of about equal parts of strychnine and brucine, i.e., equivalent to about $7\frac{1}{2}$ per cent. of strychnine.

Pilula Calomelanos cum Colocynthide. Compound extract of colocynth now contains extract of barbados aloes in place of socotrine. The process for making the compound extract is also slightly modified pharmaceutically, but neither of these changes affect the dose of the preparation.

Pilula Zinci Valerianatis Composita.—Compound asafetida pill is now called Pilula Galbani Composita, the formula, however, remaining unaltered except that the excipient is syrup of glucose (a mixture of syrup with liquid glucose) in place of treacle.

Trochisci Guaiaci.—These have now been introduced into the new B.P., the official lozenge containing three grains of guaiacum resin in place of two grains as directed in our hospital formulary.

Trochisci Krameria.—These are also now officially recognised, containing however one grain of extract of krameria.

Unguentum Hydrargyri Nitratis Mitius.—Care should be taken to distinguish between this and the official Unguentum Hydrargyri Nitratis Dilutum, which contains one part of the mercuric nitrate ointment to four of soft paraffin.

Unguentum Petrolei Compositum.—A formula for Liquor Carbonis Detergens has now been introduced into the Pharmacopœia under

the name *Liquor Picis Carbonis*. This is practically just the same as we have hitherto used—a solution of coal tar in tincture of quillaia—the saponin in the latter emulsifying the tarry oils which are precipitated when the liquor is added to water.

FORMULÆ IN USE AT THE EYE DEPARTMENT—

These are only affected in two instances.

Unguentum Cocainæ has now been placed in the Pharmacopœia with a strength of 1 in 25, i.e., approximately twice as strong as the ointment at present in use in the Eye Department (8 grs. in 1 oz.)

Unguentum Hydrargyri Oxidi Flavi.—This is another new preparation, which is, however, very similar to our *Unguentum Flavum*, but contains 1 in 50 of the yellow oxide.

The foregoing notes are intended to show how the hospital formulæ are affected by the changes in the new British Pharmacopœia. Minute alterations, and those having only pharmaceutical interest have not been mentioned. It may be taken for granted that in the case of the formulæ left unmentioned no alterations of any material consequence have been rendered necessary.

A few other points affecting Hospital practice are worth attention. In St. Thomas's we have used for hypodermic injection almost exclusively a solution of morphine hydrochloride containing 2 grs. in each fluid drachm. The 1885 B.P. *Injectio Morphinæ Hypodermica* was made with the acetate which possesses the advantage of free solubility in water. This injection, which contained 1 grain of morphine acetate in 10 minims, was very little used at all, partly because most authorities considered it too concentrated for accurate dosage and partly because this particular salt of morphine, the acetate, is very unstable, becoming brown and throwing down a deposit of basic morphine acetate. The sulphate and hydrochloride on the other hand, although very stable salts, are not sufficiently soluble to enable us to get a solution for injection stronger than 2 grs. to the drachm. It has been found, however, that morphine tartrate is both stable and readily soluble, and in the new B.P. this salt has been selected for making the official hypodermic solution. The strength now ordered is 1 part in 20 fluid parts, so that 5 minims contain almost exactly $\frac{1}{4}$ gr. morphine tartrate. This strength is more satisfactory for accurate and graduated dosage than 1 in 10, and perhaps better than the 1 in 30 solution hitherto used at St. Thomas's, which being more dilute, produces what many consider a bulky injection.

The standardisation of the preparation of ipecacuanha and belladonna root are great improvements. Tincture of belladonna is now made from the root extract, the dose being slightly diminished, while the alcoholic extract has been reduced in strength by the addition of milk sugar, so that the dose is $\frac{1}{4}$ —1 grain, like the

green extract. Tincture of *nux vomica* is about doubled in strength while the maximum official dose of liquid extract of male fern has been increased to 90 minims, thus bringing it more in accord with medical practice.

A very old friend—black draught—has been altered almost beyond recognition, the tincture of senna being omitted, and aromatic spirit of ammonia put in its place.

Oleate of mercury has been altered considerably; it is now made by interaction between mercuric chloride and hard soap in aqueous solution. The precipitate of mercuric oleate when dried is a very different product to the gelatinous substance obtained by dissolving the yellow oxide of mercury in excess of oleic acid as directed in the '85 B.P.

Clinical Jottings.

THERE have recently been in hospital two cases of intussusception. Both of these have been submitted to operation and both succumbed. The first was a baby of ten months, and the case was of great interest because of the unusual mildness of the symptoms, in fact if it had not been for the presence of a tumour in the abdomen one would have been inclined to doubt the presence of the intussusception. There had been very little pain and no passage of blood and mucus. At the operation it was found that there had been an intussusception of the small gut into itself at a point near the caecum and then that this part of the gut formed the inner tube of the greater ileo-cæcal intussusception. The gut was deeply congested, but it was hoped that the case would go on well, and so it appeared to do until about eight hours after the operation, when the pulse became rapid, the eyes sunken, and death quickly supervened. The second case was in a boy of three years with all the usual symptoms. This turned out to be a case of multiple intussusception of the small gut, and was very remarkable in the fact that there were five invaginations. The chief one was three inches long and the smaller ones not more than one inch long, and were therefore only just in the initial stage. The operation was in this case of necessity rather long, and this doubtless contributed to the fatal issue.

Another case of interest was one of gastric ulcer that proved fatal six weeks after the ulcer was sewn up. After the primary operation the case did very well, but developed a peri-splenic abscess that was drained through the pleura, and again the case seemed to be in a fair way to recovery when she developed general peritonitis. The patient refused to be touched until the third day after the onset, so that when the abdomen was opened the intes-

tines were all over lymph, of which there was much in the pelvis. The abdominal cavity was cleaned with sponges and two tubes inserted. All the distension subsided; food was taken well and the vomiting ceased. The bowels were opened regularly. In fact the state of the abdomen was such as to warrant the assumption that the patient had again escaped the danger. The result was disappointing as the pulse rose in rate and the medical examination of the lungs revealed crepitations over both bases; the crepitations were loud and consonating over the right lower lobe. At the post mortem the ulcer was found to have healed so that the suturing at the first operation was quite successful. There was also found a second ulcer that had not perforated, and was also healed. The ulcer sutured was close to the lesser curvature and on the anterior surface. The infection of the peritoneum had evidently occurred through the tracking down along the colon of the peri-splenic abscess, but this abscess was at the post mortem practically non-existent, showing that the draining through the pleura had been effectual.

The amount of pus in the abdomen was truly astonishing even when one was prepared for the great difficulty of making any sure diagnosis of the state of the peritoneum from physical signs. It was indeed interesting to see the amount of pus and lymph that could be present when the patient seemed to be recovering as shown by the absence of vomiting, distention, constipation or diarrhoea. Even the pulse did not rise above 120 until within two days of death. A large pyæmic infarct was found in the right lung at the necropsy.

It seems that a person can recover from a very extensive peritonitis if only the infection is gradual. When the whole peritoneum is at once soiled the patient dies from the infection of the serous surface which allows of rapid absorption of the septic products. When slowly attacked the peritoneum acquires a certain immunity apparently, or it may be that the lymph channels become blocked so that the poison cannot be quickly carried to the circulation.

Coley's fluid is being given a rather extensive trial in the wards, but with exception of one case they are too recent to draw any conclusion from.

In connection with the disappearance of sarcoma under this treatment there was a case of diffuse dissemination of a melanotic sarcoma in Henry that was interesting, as the man declared that some of the nodules used to reach a certain size and then gradually decreased. The patient, however, succumbed to the disease before one had the opportunity of testing his statement, which was nevertheless very circumstantial.

There are in the hospital at the present time two cases of senile

gangrene, in both of which the lower extremity has been removed at the lower third of the thigh. After a period of some months the symptoms have returned in the opposite leg necessitating the removal of that leg in the same level. Both cases are now progressing favourably.

Problem for Diagnosis.

A FEMALE, æt. fifteen years, was admitted on September 28th, and died on December 15th. There was no history of previous illness of any kind. Present illness commenced three weeks before admission with sore throat, headache, diarrhœa and malaise. A week later vomiting became troublesome. When admitted she was somnolent and deaf, tongue dry and brown, temp. 104.4° F. Thoracic viscera healthy. The abdomen was distended. There was a scanty eruption of small pink papules. The spleen could not be felt. The urine contained a trace of albumen. During the first ten days little change occurred; the temperature averaged daily about 104° or 105° F; the spleen became definitely enlarged and nocturnal delirium was constant; the bowels were constipated, but vomiting had ceased. Deafness was very marked, and on October 6th, a blood-stained discharge issued from the left ear, and a day or two later a similar discharge became established from the right ear and also from the nose. The discharge diminished after a fortnight, but she remained drowsy and restless. The temperature reached the normal by October 25th, remaining so for twenty-six days, and her mental condition slowly improved. On October 30th, vomiting again occurred, and averaged once every day for a fortnight. Nothing could be found to account for the vomiting; the ocular fundi were normal. Two small abscesses formed about this time in the left axilla. There was double suppurative otitis media. Vomiting re-commenced on December 3rd, and became persistent, the girl relapsing into her former drowsy and apathetic condition. The pupils were dilated and sluggish, the fundi normal, knee-jerks absent, emaciation was rapid. The ears were not discharging, but there was a tender spot behind the left. On December 12th, the left internal jugular vein was ligatured; it was found collapsed. The antrum was cleared out; the lateral sinus was found thrombosed, but the clot was not foetid; the sinus was plugged. Death occurred three days after the operation.

(For Answer see Page 119).

A Legend of Stangate Strand:

THE PRESENT SITE OF ST. THOMAS'S HOSPITAL.

Gentlemen who have just passed the Preliminary Scientific Examination should not read this little piece, many of the facts stated are open to doubt and some are absolutely untrue.

St. Thomas's Hospital, as it stands now, is built upon the reclaimed foreshore of the river Thames, and covers, or is very close to the site of the old "Stangate." What the Stangate was I do not know, but I suggest that it was the stone water-gate appertaining to the grounds of some private house, perhaps of Lambeth Palace itself. One of our Archæologists can doubtless throw light upon the question.

Most people know that Westminster Abbey stands upon ground which was formerly an Island--Thorney Island--made so by a comparatively shallow arm of the river passing round on its western side.

When you have been walking along the top terrace of our Hospital, you must have been struck by the view of the Houses of Parliament and Westminster Abbey, which one gets between the blocks. As seen on a fine summer evening I know of no more impressive architectural glimpse in the world.

Standing one evening on the terrace watching the sun go down behind the cross on the Chapter House, colouring the quiet river as it sank, an old legend came into my mind.

If one remembers correctly this legend is related by Frank Buckland, when discussing the extinct salmon fisheries of the Thames in one of his charming works. As Buckland's father was Dean of Westminster, it is quite likely that this legend is a genuine antique.

The story, as it came back to me, runs thus:—A fisherman in his coracle fished for salmon in the Thames off Thorney, and as he fished it grew late. The first Abbey of Westminster had just been completed, and the last of the labourers, who had been taking down the scaffolding all day long, had been ferried over to the Stangate shore, and he was now plodding his way homeward across the silent marshes. It grew darker, and the fisherman, who must have been a regular sportsman, fished on. At length he paddled to the shore. As he neared the shore he perceived the cloaked figure of a venerable man standing on the strand and beckoning to him. Running his tub in among the sedges, he saluted the stranger, who requested him (in broken Anglo-Saxon) to ferry him over to Thorney. Overcome by the beard, cloak and general bearing of the stranger, the sportsman consented. Two in a coracle is very

uncomfortable, despite this, however, the craft was safely beached on Thorney. The mysterious gravity of the stranger had raised the sportsman's curiosity, and he therefore shadowed him at a respectable distance, and this is what he says he saw—remember however that he was a fisherman. The mysterious stranger took his way straight for the new Abbey, and as his dusky figure drew near to it, bright lights appeared within the building, and the doors opened, and to the sound of much singing and many instruments the venerable man entered and was lost to view.

On the morrow it became known that the Abbey Church on Thorney Island had been consecrated by St. Peter in person.

And as the sun went down I still mused, and the river whispered among its sedges to the new Abbey standing up white in the light of the rising moon, when I heard a voice quite distinct and close to me say, "Case waiting downstairs for you, Sir." I said, "What is it?" and the voice replied, "Don't exactly know, Sir, but he says he's been eating samming."

Then the sedges and the coracle gradually disappeared and were replaced by Bazalgette's embankment and a barge, and I sighed, and went down to the surgery. There I found a gentleman from the wilds of the Lower Marsh, needing the consolation of a certain white medicine known to some of us. The poor man had been guilty of an error in his diet, and on enquiry I found that the salmon that hurt him had not been caught in the Thames, but that it came from California in a can.

WILFRED WATKINS-PITCHFORD,
Bombay.

Hospital News.

WE heartily congratulate Dr. S. G. Toller on his appointment to the Kasr-el-Aiui Hospital at Cairo. Our congratulations are mingled with the greatest regret at the loss we shall ourselves experience.

We heartily congratulate Dr. Brodie on his election to one of the Grocers' Company's Research Scholarships. We understand that the award is in connection with his well known and exhaustive investigations on the Antitoxins.

The Annual Dinner of the Old Students will take place on Monday, October 3rd, at the Whitehall Rooms of the Hotel Métropole. Dr. Leonard Sedgwick takes the chair. There was a record attendance last year, and the Secretaries are hoping that all Old Students who possibly can, will make an effort to be present and keep up the numbers this time.

The Prizes are to be distributed by the Bishop of Rochester this year.

The opportunity of renewing old acquaintances, which is afforded by Mr. and Mrs. Bonham Carter's "Nightingale at Home," is much appreciated by the Medical and Nursing Staff. The function was a great success this year, the weather being most favourable and the attendance large. It will be remembered that last year a heavy thunderstorm considerably interfered with the proceedings.

A full account of the Hospital Sports will be found on another page. The attendance was above the average and the meeting a success. It is a great pity that the arrangements are not better advertised in the Hospital. The College House received no notice until about 24 hours before the meeting, and no announcement was to be seen in the Central Hall. The Sports Committee might follow the example of some of the other clubs and societies by printing a few posters. The Porters appear to be anxious for a Porters' Race to again figure in the programme. We believe that a lack of entries caused this race to be abandoned a few years since.

Everyone will be glad to hear that the Treasurer's health has greatly improved lately, and that he now appears to be shaking off his severe and protracted attack of influenza.

Messrs. Haslam and Hewett too, are at last recovering from the sequelae of the diphtheria which they contracted whilst on house duty. They have had a very tardy convalescence, but we shall hope soon to see them among us again.

Mr. J. S. Fairbairn has been recommended for election as Obstetric Registrar and Tutor.

A great improvement has been effected in the College House by the installation of the electric light. The change is much appreciated by the men in residence, and the rooms should now be found cooler, cleaner and much more heathy.

The Treasurer has also decided to light the Out-Patient Department with electric light throughout. This will be a welcome change, especially in the winter.

One of the dressing rooms is to be done up as an operating theatre for the Out-Patients. This will give the dressers some idea of what they must expect when they come into the wards, and will be of great service as a preparatory training.

We hope that advantage will be taken of this opportunity to do some of the simpler cases in the O.P. room, and so save the wards from the more trivial cases.

There are rumours afloat that we may shortly expect to see further improvements in our theatres. When the theatres were done up they were the best in London at all events; since that time, however, things have progressed and other hospitals, taking advantage of recent improvements, have rather surpassed us. This is, however, to be only temporary, and we shall soon be at the head of the list again, as we ought to be.

The Casualty is to come in for some of the improvements, and though there are to be no immediate structural alterations, yet the present arrangements are to be altered so that they will be somewhere near modern requirements.

It has often been remarked that there is much room for improvement in the post mortem room. We trust that the authorities will soon see their way to take this in hand. The observations of the last stranger who visited it were anything but complimentary.

Athletic Sports.

THE Athletic Sports were held at the L.A.C. Grounds at Stamford Bridge, on Monday, 27th June. The President, Mr. Anderson, and several other members of the Staff, including Mr. Clutton and Mr. Robinson, were present. Mr. J. G. Turner kindly officiated as referee, and Messrs. Robinson and Saunders as judges.

The meeting was rather better attended than usual, and was graced by the presence of a good many ladies, amongst whom we recognised not a few of the nursing staff.

The weather, contrary to our expectations, brightened up, and we were fortunate in being let off with only a few showers.

There was more interest taken than usual, and the events as a rule were well contested, although in the matter of times results were not phenomenal. Pern carried away more than anyone else.

High Jump.—1st, S. Pern, 5-ft. 4-in.; 2nd, T. B. Henderson.

220 yds. Handicap.—This was a good race. Pinches and Pern drew away towards the finish, Pern winning by about four yards in 23½ secs. 1, S. Pern; 2, H. G. Pinches.

Putting the Weight.—In this event there were a good many "no puts," possibly owing to the slippery ground. Martin eventually won. 1, A. C. Martin, 30-ft.; 2, B. G. Patch.

100 yds. Scratch.—Time here was bad, Pern having made a bad start, but he came in well at the finish. 1, S. Pern, 11 secs.; 2, B. G. Patch.

Half Mile Handicap.—In this race we were pleased to see the scratch man win, Cunningham taking the lead in the first quarter

and keeping it. Battle made a grand but unsuccessful effort down the straight. The race was won by about four yards. 1, J. F. Cunningham, 2 m. 11½ secs.; 2, C. J. Battle.

Throwing the Cricket Ball.—There were a large number of competitors for this, and the result was rather good. 1, T. B. Henderson, 99-ft. 8-in; 2, A. E. Martin, 97-ft. 6-in.

100 yds. Handicap.—This was run in three heats. Pern won the final with 3¼ yds. start. 1, S. Pern, 10½ secs.; 2, B. G. Patch.

120 yds. Hurdle.—A close race. 1, E. W. Browne, scr.; 2, T. B. Henderson, penalised 2 yds.

Broad Jump.—This was very well contested. 1, S. Pern, 18-ft. 11½-in.; 2, J. F. Cunningham; 3, T. B. Henderson.

Quarter Mile Handicap.—A good race. Unfortunately, the scratch man was unable to do himself justice in the straight, Pern winning by about 3 yards, some distance dividing second and third. 1, S. Pern, 8 yds.; 2, H. G. Pinches, 15 yds. Time, 55 secs.

Three Mile Bicycle Race.—This was distinctly a well ridden race, Battle eventually winning by about forty yards. The time, 8 m. 15 secs., was good for the track. The winner promises to do something in the Inter-Hospital Sports. 1, C. J. Battle; 2, J. R. Garrood.

Kicking the Football.—This is a new institution. Our thanks are due to Mr. Thorp for kindly managing the competition. It consisted of "place kicking" with a Rugby ball from the front and from the side of goal. King and Pinches tied for first place; on kicking it off King won the tie.

One Mile Handicap.—Won easily. A good race for second place between Allfrey and Cochrane. 1, J. F. Cunningham, scr.; 2, F. H. Allfrey, 15 yds. Time, 5 m. 11½ secs.

Sack Race.—This created a great deal of amusement. 1, H. S. Bennett; 2, A. D. Jameson.

Strangers' Race, ¼ Mile.—We were pleased to find that as usual there was a good entry for this. 1, Henry; 2, A. G. Butler. Time, 54 secs.

During the afternoon the London Victoria Military Band, conducted by Mr. H. Lambert, played a selection which conduced to the enlivenment of the day.

Mrs. Anderson kindly presented the prizes to the winners, making appropriate remarks to each.

The President made a few remarks, congratulating the Hospital upon the success of the meeting.

The proceedings closed with three hearty cheers for Mrs. Anderson.

Rifle Club.

ST. THOMAS'S v. WHITGIFT.

This match was fired at Runemede on June 20th, and resulted in a win by 15 points.

The wind was shifty, and the light very bright. Scores:—

	200 yards.	500 yards.	Total.
Marshall, C. de Z.	33	32	65
Beale, H. R.	26	27	53
Unsworth, N. ...	23	28	51
Upcott, H. ...	31	25	56
Weekes, H. E. ...	31	22	53
Cuming ...	18	11	29
Newham, H. B. ...	14	18	32
Total best six scores			310
Whitgift Total, best six scores			295
			15

ST. THOMAS'S v. ST. PAUL'S SCHOOL.

Fired on June 25th, at Bisley. The day was very squally. Beale and Unsworth had to fire in a heavy rain storm, which made shooting somewhat difficult. Our opponents were lucky in having fired at 200 yards in the morning in better weather. Scores:—

	200 yards.	500 yards.	Total.
Beale, H. R.	18	21	39
Unsworth, N.	22	24	46
Marshall, C de Z.	29	35	64
Vaughan, J. C. F. D.	27	21	48
Newham, H. B.	22	22	44
Watts Sylvester, T. H. E.	25	30	55
Total			296
St. Paul's total best six scores			313
Lost by			17

ST. THOMAS'S v. WHITGIFT GRAMMAR SCHOOL.

This match was fired at Woldingham on June 30th. The day was fair. It resulted in a win for us by 13 points. Scores:—

	200 yards.	500 yards.	Total.
Upcott, H. ...	25	22	47
Weekes, A. E. ...	29	22	51
Unsworth, N. ...	30	24	54

Marshall, C. de Z.	...	30	34	64
Vaughan, F.	...	26	21	47
Wright, C. W.	...	27	13	40
Watts Sylvester, T. H. E.		24	14	38
				<hr/>
Total best six scores			...	301
Whitgift Total best six scores			...	288
				<hr/>
				13

ST. THOMAS'S v. R.I.E.C., COOPER'S HILL.

This was fired at Runemedē on Monday, July 4th. We were unable to take down our full team, and suffered defeat by one point. For the sake of better practice for the Bisley meeting, it had been arranged to fire 15 shots at 500 yards instead of the usual 7 shots at two ranges. Scores:—

Upcott, H.	72	Grimwade, A. S.	43
Marshall, C. de Z.	72	Unsworth, N.	59
Weekes, H. E.	61	Vaughan, F. D.	56
Total			363
R.I.E.C. Total best six			364
			1

ST. THOMAS'S v. DULWICH COLLEGE.

This was fired at Runemedē on Wednesday, July 6th. The day was fine, and scoring was good all round. The match resulted in a win by 8 points. Scores:—

	200 yards.	500 yards.	Total.
Weekes, H. E.	24	33	57
Carpmael, N.	29	33	62
Upcott, H.	30	32	62
Marshall, C. de Z.	31	29	60
Grimwade, A. S.	24	19	43
Beale, H. R.	27	31	58
Vaughan, F. D.	28	26	54
Unsworth, N.	26	30	56
Total best six			355
Dulwich College Total best six			347
			8

U.H.R.A. v. ARTISTS R.V.

June 26th, at Runemedé.

U.H.R.A.

	200	500	600	Total.
C. de Z. Marshall (St. Thomas's), <i>Capt.</i>	33	32	33	98
A. C. Brown (St. Bartholomew's)	26	32	27	85
C. R. Brown (St. Bartholomew's)	30	28	27	85
A. Pearson (Guy's)	31	30	24	85
A. De Morgan (St. Mary's) ...	29	26	26	81
H. E. Jones (St. Mary's) ...	25	31	24	80
J. A. Glover (Guy's)	30	27	23	80
H. R. Beale (St. Thomas's) ...	26	27	20	73
			Total	667

Artists R.V.

	200	500	600	Total.
Sergt.-Instructor Stirling ...	29	32	31	92
Sergeant Sharp	31	32	29	92
Private Keeson	33	31	27	91
Private Gillman	29	31	29	89
Private Townsend	29	31	28	88
Lieut. Armitage	26	31	30	87
Lieut. Edlmann	29	28	30	87
Corporal Underwood	30	29	27	86
			Total	712

Result—Lost by 45 points.

Pte. Marshall (St. Thomas's) headed the list with the fine score of 98.

U.H.R.A. v. COOPER'S HILL R.I.E.C.

June 23rd, at Runemedé.

U.H.R.A.

	200	500	600	Total.
C. de Z. Marshall (St. Thomas's), <i>Capt.</i>	33	33	24	90
W. R. Read (St. Bartholomew's)	30	27	32	89
N. Carpmael (St. Thomas's)	27	31	27	85
A. C. Brown (St. Bartholomew's)	27	27	25	79
H. E. Jones (St. Mary's) ...	26	24	28	78
A. De Morgan (St. Mary's) ...	31	27	15	73
C. R. Brown (St. Bartholomew's)	27	22	22	71
H. Upcott (St. Thomas's) ...	24	25	17	66
				631

R.I.E.C.

				200	500	600	Total
Capt. Shields	...	...	...	28	26	26	80
T. R. North	...	...	...	27	31	18	76
A. G. Heming	...	...	...	26	29	20	75
E. Lambton	...	...	...	23	23	27	73
R. H. Duke	...	...	...	21	27	20	68
J. C. Wood	...	...	...	26	19	22	67
A. C. Crawley Boeng	...	...	...	30	16	15	61
A. F. Bayley	...	...	...	27	15	12	54
							554

Result—Won by 77 points.

OPEN HANDICAP.

THIS was held at Runemede on July 12th; there were 16 entries, of whom only 12 fired through, or paid their entrance money. It is evident that with the Lee Metford Rifle, the handicapping is too severe on the penalised men, and some different arrangement will therefore have to be made next year. The competition consisted in 15 shots at 500 yards with one sighting shot. Men of Bisley team penalised 10 "Marksmen,"—6. Volunteers, Cadets, &c., scratch; Non volunteers receive 10 points; Entrance fee, 3s.; Winners of prizes:—

1. H. Upcott, scratch, 64—The President's (Mr. Makin's) prize of £2 2s.
2. C. T. Holford, scratch, 61—Lever Clamp Stethoscope, presented by Messrs. Down Bros., and 7s. 6d. presented by Club.
3. H. Catling, 10; 60—15s.
4. C. de Z. Marshall, 10—7s. 6d.

INTER-HOSPITAL CHALLENGE CUP.

At last, after a fourteen year's tenure this passes away from us. The match was fired at Bisley on July 14th. The weather was beautifully fine, the wind being rather variable from 3-ft. to straight up the range and nothing. Our men seemed to fall to pieces; no one did himself or the hospital justice, and we were beaten by 22 points. We feel that it has gone to a hospital which we always regard as our close and friendly rivals, and trust that they may enjoy a brief tenure. Scores:—

Corpl. Beale, H. K., Artists R.V.	...	...	56
Pte. Weeks, H. C.	„	...	62
„ Upcott, H.	„	...	57
„ Unsworth, N.	„	...	61

Pte. Marshall, C. de Z. „	...	...	62
„ Carpmael, N., 2nd East Surrey R.V.			69
			<hr/>
	Total	...	367
Guy's total winners	...	389	22
			<hr/>
St. Bartholomew's	...	358	
St. Mary's	...	312	

Carpmael was highest scorer in the competition and gets a prize from H.H.R.A. of £2 2s.

We might mention that there was not one man came down to Bisley to encourage the team to shoot well ; three old St. Thomas's men were there, but of the present no one. It is somewhat disheartening to a team to find no interest taken by their colleagues, and we trust this will not be the case next year.

RIFLE CUP.

The United Hospitals Cup went to Guy's men, who had 389 points. St. Thomas's made 367, St. Bartholomew's 358, and St. Mary's 312.

Swimming Club.

IN the 1st round of the Inter-Hospital Polo Cup-tie, Guy's beat St. Mary's by 5 goals to 1 ; while Middlesex scratched to us.

In the 2nd round St. Thomas's v. St. Bartholomew's, resulted in a win for Bart.'s by 6 goals to 1, our only goal being scored by a long shot from our skipper.

Owing to the short time elapsing between the draw for the Cup-tie and the dates for playing them off, some difficulty was experienced in getting together a team, and two of the team unable to play at the last moment had to be replaced by substitutes.

St. Thomas's were represented by the following :—*Goal*—E. Raven ; *Backs*—F. J. Child, C. Powell (Captain) ; *Half-back*—H. S. Stannus ; *Forwards*—Z. Mennell, C. M. Goodby, H. H. Kiddle.

Cricket News.

All the matches on the card have now been brought to a conclusion. The season on the whole has been fairly successful. Better teams have been played, since we have had a ground of our own, and if men would not scratch so frequently at the last moment, the results would have been better. The nets at Chiswick have been used a good deal, and now we have a really first class ground our cricket ought to improve.

We have played eleven matches, of which we have won two, viz., v. Wanderers and Cane Hill; drawn 3 and lost 6. The reason so many matches were lost was the inability to raise a representative team. In Cup Ties we beat London fairly easily, and twice drew with Bartholomew's in the Semi-final. The second draw was in our favour, but at the third meeting we were defeated.

ANSWER TO PROBLEM.—The case primarily was one of Enteric Fever, with otitis media as a complication, and following that—cerebellar abscess. Post mortem, cicatrices were found in the lower part of the ileum, the result of the typhoid ulceration. The whole white centre of the left lobe of the cerebellum was converted into an abscess. There was no meningitis. The right wrist joint was full of pus.

Books for Review.

OUTLINES OF PRACTICAL SURGERY. By W. G. Spencer, M.S., F.R.C.S., Surgeon to the Westminster Hospital. Ballière, Tindall & Cox. (Demy 8vo, pp. 694, 109 Illustrations, 12/6).

This book, as stated in the preface, is limited to Practical Subjects.

Part I. deals with General Methods, and gives in a small space the main essentials of antiseptic treatment, with an account of the preparation of ligatures, sponges, etc., with some useful information about the various forms of dressings. The indications for and against operation are well and shortly given. It also includes chapters on the surgery of the circulatory systems, nerves, etc., as well as one on accidents, with their immediate treatment. Stress is laid on the value of saline infusion into the veins in cases of severe hæmorrhage or shock, and the injection of warm water into the rectum in similar cases is also advised. The author, however, recommends that a larger amount, 2—6 pints, should be infused than do the majority of surgeons. Strengthening and slowing of the pulse are generally noted after the first pint has entered the circulation, little or no further improvement is obtained if more than 2 pints are injected.

Part II. is devoted to the Surgery of the different regions, and gives shortly and succinctly the diseases and accidents to which they are liable, and their appropriate treatment. In the chapter on Hernia the inadvisability of trying prolonged taxis on the strangulated variety is well shown, as well as the doubtful value of a hot bath. The book is well got up, and includes numerous diagrams, which are very clear. The author has contrived to compress

within a comparatively small space information in a compact and thoroughly modern form upon the whole range of Practical Surgery. This book will be of use to the dresser, and just before an examination when the student desires to review his knowledge. It should supplement the reading of one of the larger textbooks.

Examination News.

UNIVERSITY OF OXFORD.

First M.B.—L. H. Badcock.

Final M.B.—E. F. Buzzard, L. H. Lindley, R. Whittington.

CONJOINT BOARD, JULY, 1898.

Second Examination.

C. W. Davies, G. Dewick, T. W. H. Downes, R. H. W. Garle, A. S. Grimwade,
A. E. Hills, E. E. Semmence, R. Small, J. Walker.

SOCIETY OF APOTHECARIES.

Primary Examination.

Materia Medica.—P. T. Goodman.

Anatomy and Physiology.—E. N. de V. Dawson.

Physiology only.—B. M. Dunstan, A. F. Reardon.

House Appointments.

The following gentlemen have been selected House Officers from Tuesday, 6th September, 1898.

House Physicians—

R. W. C. Pierce, J. R. Charles, E. F. Buzzard, and H. C. Haslam.

House Surgeons—

E. H. Cobb, A. C. Robinson, F. L. A. Greaves, and H. Grog.

Assistant House Surgeons—

S. O. Bingham, E. M. Corner, J. A. Barnes, and J. E. Kilvert.

Obstetric House Physicians—

Senior—H. F. Shea.

Junior—J. F. McClean.

Ophthalmic House Surgeons—

Senior—S. N. Babington.

Junior—J. S. Hall.



DR. S. G. TOLLER.

St. Thomas's Hospital Gazette.

No. 7.

OCTOBER, 1898.

VOL. VIII.

Dr. S. G. Toller.

ALL old St. Thomas's men will hear with regret that Dr. Toller has determined to relinquish his career in London.

It will be within the recollection of many of our readers that though Dr. Toller was elected assistant physician in the autumn of last year he did not immediately enter upon his new duties, as he was strongly advised to spend the winter out of England. On his return to London in the spring of this year, to the great satisfaction of his friends his health was greatly improved, but he did not actually take up his work at St. Thomas's. In the early part of the summer the professorship of Clinical Medicine at the Kasr-el-Ainy hospital became vacant owing to the reorganization of the medical school at Cairo, and Dr. Toller acting upon the advice of his friends reluctantly determined to become a candidate for the post, to which he was unanimously elected.

It would hardly be fitting to speak at length here of Dr. Toller's personal character or his professional attainments, but all who have known St. Thomas's during the last few years will miss the keen, restless, untiring clinical investigator, the sensitive sympathetic friend, the brilliant musician. His prospects in London were as bright as any could well be, and nothing but the opportunity of prolonging the period of his life's work would have sufficed to induce him to sever the tie which bound him to St. Thomas's.

The Kasr-el-Ainy Hospital, the new sphere of Dr. Toller's work owes much to St. Thomas's men; Mr. H. Milton nearly fifteen years ago was appointed surgeon to the hospital, and by his energy and skill as a surgeon has been mainly instrumental in raising the institution to the high level to which it has attained; in this work he has been largely assisted by Dr. Sandwith, and although under the new scheme Mr. Milton relinquishes his post at the hospital, Dr. Sandwith remains as senior physician and professor of medicine. Dr. Toller undertakes the duties of physician and professor

of clinical medicine, and Mr. Frank Milton those of surgeon and professor of clinical surgery, whilst Miss Glover, formerly sister of Ophthalmic Ward, has been appointed matron. To each and all of these we wish God speed in the great work which they have in hand, and although St. Thomas's has suffered a grievous loss in the severance of Dr. Toller's connection with the hospital and school, we cannot doubt but that he will find an ample field for the exercise of his brilliant powers in the new work which he has undertaken, and that he will never cease to cherish an affection for the *alma mater* which has such good cause for regretting his loss.

The Prize Distribution.

YEAR by year the Annual Prize Distribution comes round at the beginning of October, reminding one of the expression in Tennyson's poem "The Brook." "For men may come, and men may go, but I go on for ever." Men indeed do come and go, and perhaps this is nowhere more noticeable than at a medical school, where men who entered as it seems only the other day, in a "Billy cock" hat and short coat fresh from school, are now leaving their "Alma mater" in the plenitude of their wisdom, duly qualified, adorned in a frock coat and a tall hat. But to get to business. We were glad to notice the usual number of "habitués" as well as many new faces, who together had quite filled the Governors' Hall, when the usual procession entered from the committee room shortly after three o'clock. The Bishop of Rochester, the Treasurer, the Dean, the Hospitaller, and Governors took their seats on the dais, the Treasurer taking the chair and the Bishop sitting on his right. The Treasurer opened the proceedings with an appropriate speech in which he spoke of the changes in the staff by the retirement of Mr. MacKellar and Dr. Toller, of the improvements in the hospital by the addition of the Clinical Laboratory, and of the opening of another ward. He laid stress on the fact that St. Thomas's was a City hospital, and referred to the munificent gift of £10,000 from the Mercers' Company.

Then Dr. Hawkins, in his capacity of Dean, introduced the students who had gained the various prizes, mentioning as they came forward to receive them from the Bishop the subjects for which they were given, and the qualifications and merits of the recipients. The students who had gained the Mead, Cheselden, Bristowe, Solly, and Treasurer's medals, the Grainger, and Sutton Sams Prizes, were respectively introduced by Dr. Acland, Mr. Pitts, Dr. Sharkey, Mr. Robinson, Dr. Hawkins, Dr. Brodie and

Dr. Tate, who each said a few words as to the nature of the examination, and the attainments of those to whom the medals had been awarded.

The Dean then gave a few details of the satisfactory progress of the school as shewn by the results at the examinations of the London University and of the Conjoint Board, and mentioned that the buildings of the school were now in perfect order and properly fitted for all the most modern requirements of medical education; he also alluded to the posts at other hospitals now held by St. Thomas's men.

The Bishop of Rochester, who was then called on by the Treasurer for his address, said that though the medical profession had acquired a great knowledge of the human frame, and the functions of the human organization, yet it must be borne in mind that man was more than "homo" in biological classification. Vast progress had been made in the study of that profoundly interesting region where the mental and material aspects of life meet and interact, and medical students stood upon the frontier of a world of knowledge as large, as intricate and as scientific as that with which they had diligently acquainted themselves. A doctor's word or tone may in some cases have more effect than tonic or drug, and they must take account of the moral and spiritual element in living men. Within limits students should keep their minds open to all general culture. He did not ask from the medical profession the work of the clergy, but only that they should act as high minded, honourable, delicate and tender hearted men. Students would find that though their work would often be exhausting and sometimes dreary, it had inexhaustible interest in its contact on one side with the whole splendid area of modern scientific knowledge, and on the other with all the varied and touching interest of human life, and it gave opportunity for the exercise to the full of that charity, sympathy, and help, by which men grow most nobly humane. On the conclusion of the address, which was very warmly received, Dr. Ord moved and Mr. Hoare seconded a vote of thanks to the Bishop for his very interesting and instructive speech, to which his Lordship briefly replied. The meeting then broke up. Some of the audience partook of refreshments in the Committee Room, others visited the hospital which had been thrown open, and many eventually found their way down to the medical school, where refreshments were provided in the Club dining room.

The Old Students Dinner.

THE Old Students' Dinner was held as usual at the Hotel Métropole on October 3rd. The chair was taken by Dr. Leonard Sedgwick, and there were over 140 guests present. The dinner was in every respect a most excellent one.

The first toast "The Queen and Royal Family" having been proposed by the Chairman, the next, "St. Thomas's Hospital and Medical School, Past and Present," was proposed by Sir William MacCormac, who was received with acclamation. When he joined the Hospital twenty-eight years ago, it was in a state of suspended animation at the Surrey Gardens. Mr. Croft was then Resident Assistant Surgeon; among others he met were Mr. Wagstaffe, Mr. Le Gros Clark (sometimes called Le Beau Clark), Mr. Simon, Dr. Bristowe, Dr. Stone, Dr. Peacock, Dr. Ord, and Dr. Payne. When he first joined the Hospital he had felt hurt at hearing himself described as an outsider, but that feeling soon passed off and he became to be regarded as an insider. He referred with pride to the fact that many of the present staff had been his dressers. As for the future of the Hospital there was no doubt, for we have a Treasurer and Governors wise and far-seeing, and the hospital equipment was second to none in the Kingdom.

The Treasurer, Mr. Wainwright, said that he had found his nine years as Treasurer to be years of great activity, for he was surrounded by such a determined staff that he had little time for peace. Speaking for himself and the Governors it might be taken for granted that St. Thomas's should not fall behind, and they had under consideration various schemes for considerable alterations, all with a view to the greater efficiency of the hospital in its power of dealing with patients. (Cheers.)

The Dean, Dr. Hawkins, said that all present were sharers in the traditions of the school. It was a difficult matter to estimate the efficiency of a school, and perhaps too much stress was laid on mere numbers; however last year there was a fair increase in the entries, and he was glad to say that this year was also showing a considerable advance. He believed that this steady rise in the numbers pointed in the direction of the efficiency of the school. Judging by medals and scholarships at London University we had nothing to be afraid of; again, at the last examination at the College we passed over ninety per cent. in medicine. Dr. Hawkins commented on the fact that at Cairo St. Thomas's had three men appointed on the Hospital Staff out of four vacancies. He also referred to the list of old students compiled by the Medical Secretary that had been sent out to every old student; that it was appreciated and examined was shewn by the fact that many errors

had been discovered and notified to the Secretary ; one man was very indignant because he had been described as House Surgeon to the Mineral Water Hospital, Bath. He referred to the fact that Mr. Mackellar had been compelled to resign through ill-health ; Dr. Toller had gone to help to consolidate the British position in Egypt ; Mr. White had resigned his position as Anæsthetist ; Dr. Perkins had been appointed as Fourth Assistant Physician.

Dr. Bulstrode, replying for the old students, took as the basis of his remarks the good relationship existing between the staff and the students.

The "Health of the Chairman" was then proposed by Dr. Crosby. He referred to the high position that Dr. Sedgwick had achieved by his ability and skill, and wished him long life and health to enjoy the rewards of his work.

Dr. Sedgwick remarked that it was not the first time he had occupied the chair at this dinner. Sir William had spoken of joining the Hospital twenty-five years ago, but when he (the Chairman) joined fifty-three years ago, Sir William was muling and puking in his nurse's arms. (Laughter.) Joseph Henry Green was then Surgeon, and he was one of his dressers. Grainger and Marshall Hall were among the lecturers.

In the absence of Dr. Mackenzie, the toast of "The Honorary Secretaries" was proposed by the Rev. Dr. Merry.

Dr. Box, in reply, thanked Dr. Merry for the way in which he had proposed the toast. The object of the Secretaries was to make the dinner a success. The slight diminution in the numbers this year was probably due to the fact that it was held on Monday, and not as last year on a Saturday.

Mr. Wallace thanked everyone for the way in which the toast had been received. It was a very difficult matter to arrange the tables, and he hoped that everyone had been satisfied. He would like to thank the Governors for the electric light in College House.

Messrs. Rowntree having offered prizes for the best collections of sea shells will, before long, distribute the prize collections to hospitals, etc. They will make very suitable presents for hospitals, large shells being admirable toys ; small ones, however, are prone to be very fragile, and therefore unsuitable for children in bed, while those with spiny projections are rather dangerous.

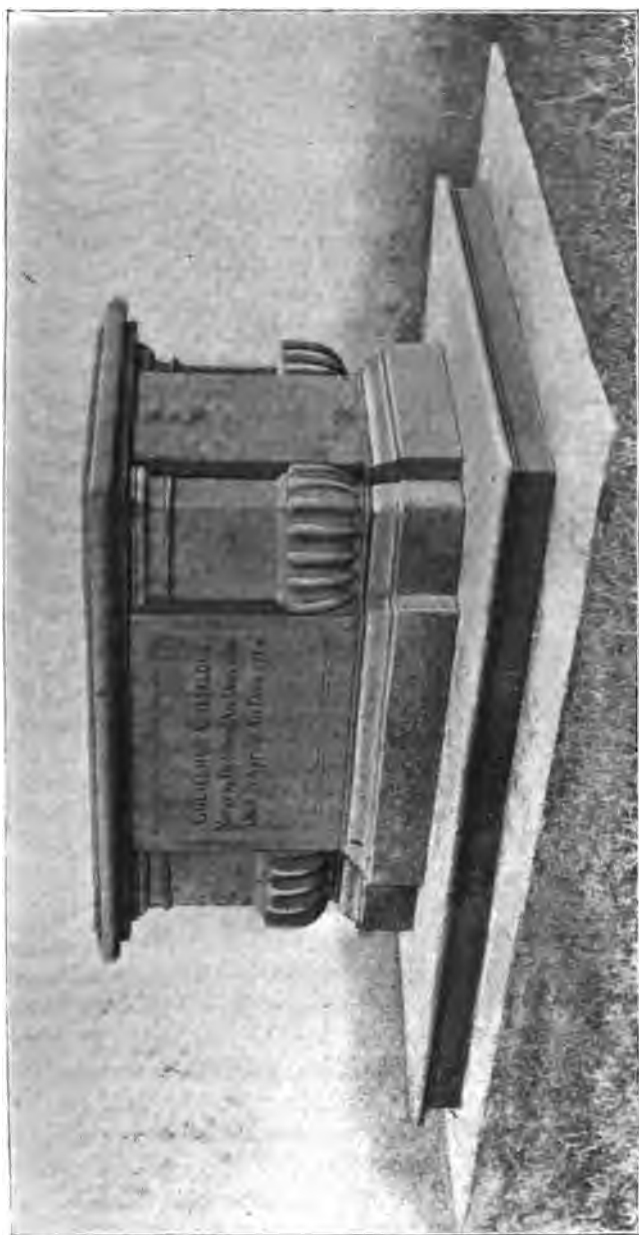
Archæologica Medica.

WILLIAM CHESELDEN, ANATOMIST AND SURGEON.

A Reprint from *The British Medical Journal*, September 17th.*

WILLIAM CHESELDEN must be looked upon as the father of modern English surgery, for he belongs as much to the old school as to the new. Born on October 19th, 1688, the son of George Cheselden, then living at the extreme end of Somerby, a village in the County of Leicester, close to the great British encampment of Burrow Hill, Cheselden seems to have been descended from a wealthy family of graziers, who contributed several members to the medical profession. William Cheselden received a good classical education, and was apprenticed to Mr. Wilkes, a surgeon of repute in Leicester. In 1703 he was studying anatomy as the house-pupil of William Cowper, but he appears to have left him when he was only fifteen years old, for, on December 7th, 1703, he was bound apprentice for seven years to James Ferne, the Surgeon to St. Thomas's Hospital. On December 5th, 1710, he was admitted to the freedom and livery of the Barber-Surgeons' Company, and on January 29th following he had a full certificate to practise as a Surgeon. He seems to have begun at once to lecture on Anatomy, for in 1711 he issued a printed syllabus, which shows that his course consisted of thirty-five lectures, and that it was repeated four times a year. The popularity of his lectures and the way in which they interfered with the routine courses delivered at the Barber-Surgeons' Hall, are attested by the minute still extant in the books of the Barber-Surgeons' Company, which runs: "At a Court of Assistants of the Company of Barbers and Surgeons, held on March 25th, 1714; our Master acquainting the Court that Mr. William Cheselden, a member of this Company, did frequently procure the dead bodies of malefactors from the place of execution, and dissect the same at his own house, as well during the Company's public lectures as at other times without the leave of the Governors, and contrary to the Company's by-law in that behalf; by which means it became more difficult for the beadles to bring away the Company's bodies, and likewise drew away the members of this Company and others from the public dissections and lectures at the Hall. Thesaid Mr. Cheselden was thereupon called in, but having submitted himself to the pleasure of the Court with a promise never to dissect at the same time as the Company had their lecture at the Hall, nor without leave of the Governors for the time being, the

*For permission to reprint this article, and for the loan of the block of Cheselden's Tomb, we are much indebted to the Editor of *The British Medical Journal*.



CHESELDEN'S TOMB.

said Mr. Cheselden was excused for what had passed, with a reproof for the same pronounced by the Master at the desire of the Court." The lectures were accordingly continued, first at Cheselden's own house, and afterwards at St. Thomas's Hospital for twenty years.

St. Thomas's Hospital appears at this time to have been a hotbed of corruption and dissension, and no active worker was willingly admitted. Cheselden was a candidate for the office of Surgeon on two occasions in 1714-15 before he was successful, but on July 9th, 1719, he was elected without opposition in place of William Dickenson, deceased. Installed as Surgeon, he seems to have turned his attention more particularly to lithotomy, directed no doubt by the experience of his master, James Ferne, whose energies in turn had been stimulated by the success of Raw and the self-advertising of Frère Jacques. He published in 1723 a *Treatise on the High Operation for the Stone*, which was severely criticised by John Douglas, the Surgeon, in *Lithotomus Castratus*, but it was not until August, 1726, that Cheselden performed his first operation of lateral lithotomy, though it had been done for the first time in England a few days previously—August 7th, 1726—by John Bamber (1667-1753) at St. Bartholomew's Hospital. The operation was performed by filling the bladder with water, leaving the catheter in the bladder, and then cutting on the outside of the catheter into the organs. Cheselden operated upon ten patients in this manner and four died. This mortality led him to consider the details of the operation, and caused him to devise a new method, which was first performed on three patients on March 27th, 1727. The success opened a new era in Surgery. Twenty-seven patients operated upon in succession all recovered, and the operation of lateral lithotomy became established until it was displaced in our own time by lithotrity. Cheselden thus describes it: "This operation I do in the following manner: I tie the patient as for the greater operation, but lay him on a blanket several doubles upon an horizontal table, three feet high, or a little more, with his head only raised. I first make as long an incision as I well can, beginning near the place where the old operation ends, and cutting down between the musculus accelerator urinæ and the erector penis, and by the side of the intestinum rectum. I then feel for the staff, and cut upon it the length of the prostate gland straight on the bladder, holding down the gut all the while with one or two fingers of my left hand. The rest of this operation is done in the same way as the old one; but in this way there being often small vessels, I always tie them with a ligature passed under them by the help of a crooked needle." Cheselden operated with extraordinary skill and brilliancy, and it is told of him that once, having tied up a child for

lithotomy, he offered it sugar plums if it did not stir; and the operation over, the patient immediately demanded the fulfilment of the promise. It was not, however, until he had been for some time Surgeon to the Chelsea Hospital that he learnt the value of plugging, for he then observed for the first time that "a piece of wetted sponge pushed into a bleeding wound powerfully arrested the loss of blood, and sometimes did away with the necessity for ligature."

Cheselden also operated upon the eye, and in 1828 he published "an account of some observations made by a young gentleman who was born blind, or had lost his sight so early that he had no re-



membrane of ever having seen, and was couched between thirteen and fourteen years of age;" and he also described a method of treating certain forms of blindness by the formation of an artificial pupil, for use when the pupil is either totally closed, when it is extremely contracted, or when the inner edges of the iris have grown to a cataract, or part of a cataract, after couching.

Cheselden had many distinguished patients. He was made Surgeon to Queen Caroline in 1728, but he had lost favour at Court by 1731, and he was not consulted when she died, of an umbilical hernia, in 1733. He was living in Queen's Square, Westminster, in 1735-6, and here Alexander Pope became his patient, and lay ill in his house.

When St. George's Hospital was founded, in 1733-4, Cheselden was elected one of the Surgeons, for he had been a Surgeon to the Infirmary for the Sick and Needy, which proved to be the mother of the present Westminster and St. George's Hospitals, and on his resignation in 1737, he was made Consulting Surgeon to the Institution. He was appointed Surgeon to Chelsea Hospital in February, 1737, and on March 29th, 1738, he retired from St. Thomas's Hospital. He filled the usual offices at the Barber-Surgeons' Company, and in 1744 he held the office of Junior Warden, and it is said that, in conjunction with John Ranby, he was instrumental in procuring the separation of the Barbers from the Surgeons, and the establishment of a distinct Surgeons' Company, of which he became Master in 1746.

Cheselden was no mean artist. He published in 1733 a magnificent *Osteographia* or *Anatomy of the Bones*, and he is said to have drawn the plans for the Old Putney Bridge, and for the first Surgeons' Hall in the Old Bailey. "He was a keen patron of Athletic Sports," says Dr. Payne, "especially Boxing." His disposition was gay and genial. He was fond of society, and evidently popular. To his patients he was kind and tender-hearted, and, in spite of his great experience, it is stated that before he operated he was sick from anxiety, and as the moment approached he was pale from fear. He was chosen Sheriff of London, June 24th, 1743, but was allowed to "swear off" on the ground that his estate in lands and goods was not of the value of £1,500.

The Royal College of Surgeons of England contains a splendid portrait of Cheselden, by John Richardson. It is a half-length, and the figure is clothed in red, as was the usual custom of this artist. The picture was engraved by Faber.

Cheselden married Miss Deborah Knight, the daughter of a citizen of London, by whom he had an only child, Williamina Dorothy, who married Dr. Charles Cotes, of Woodcote, Shropshire, sometime M.P. for Tamworth. Mrs. Cotes out-lived both her husband and father, and died without issue at Greenhithe, in 1763. Mrs. Cheselden out-lived them all, for she died in 1764.

In the latter part of the year 1751, Cheselden had a paralytic seizure, but regained his former health, until April 10th, 1752, when he partook too heartily of ale and hot buns, being then at Bath. A physician who was summoned, ordered an emetic, but his advice was not followed, and he died the same day. He was buried, by his own directions, on the north side of the burial ground of Chelsea Hospital, and his tomb can still be seen from Queen's Road.

Thanks to Surgeon-Colonel Ligertwood, M.D., Physician and Surgeon to the Royal Hospital, the inscriptions have recently been relettered, and, through the kind interest of Major-General Robin-

son, C.B., late Lieutenant-Governor and Secretary, this and other tombstones have been renovated, and the burial ground put in order by the Lords and others, Commissioners of the Royal Hospital, Chelsea.

On the opposite sides of the tombstones are seen the following inscriptions :—

Deborah Cheselden
Vidua
Gulielmi Cheselden Armigeri
Obiit Junii 2. A.D. 1764
ætatis suæ 60.

Wilma Deb
Cotes
filia
Gulielmi et Deb
Cheselden
Obiit Dec. 2. A.D.
ætatis suæ 47.

The Hospital.

ON September 21st the patients from the old Adelaide ward were transferred to their new abode in Block 2. Though no pomp nor ceremony of any kind signalised the event, none the less it was of great importance as being another step forward to throwing every ward open for general hospital purposes. Mary, the original name of the ward has been altered to Adelaide, thus preserving the old traditions of the gynecological department. So far the new ward is giving every satisfaction. The electric lights over the beds have been placed a good deal to the right, owing to the fact that the beams under the flooring are so placed that it would have been impossible to fix the light nearer the middle of the bed without giving the tube conveying the wires at least two sharp turns. However, the light is good, and its position does not give rise to any inconvenience in examining patients.

Active steps are being taken to convert old Adelaide into a ward for the reception of accident cases, and it will in future be known as the "City of London" ward, a name which will emphasize the fact that St. Thomas's is essentially a city hospital.

It is beginning to be felt that the days of the Home are numbered, and we hope that before long the Governors may see their way to close the two wards.

Numerous other improvements are in contemplation, and one is already in progress; we refer to the new out-patient theatre. The second of the rooms used for dressing surgical cases is being appropriated for this purpose, and will be fitted up thoroughly in accordance with modern principles. The electric light is being installed; the floor will be tessellated, and the operating table and other appointments will be all that can be desired. Some time must necessarily elapse before it is in working order, owing to the considerable structural alterations that will be required.

The main operating theatres in their present form have been in use since 1871; they were renovated in 1892, and though at that time by far the best in London, might now with advantage be modified. One objection to them is their great size; in the old days when there were only two operating days a week a greater number of men would congregate to the theatre, but now that the theatres are in daily use so large an auditorium is unnecessary; again, their great height fulfils no useful function—ventilation does not require it, and it adds to the labour of cleansing. It is possible that the near future will see very important changes in the theatres and we shall have occasion to refer to them again.

A further change that is in active consideration has relation to our methods of disinfection. It is unnecessary here to insist on the

importance of the thorough disinfection of infected clothing, linen, etc. The establishment of a complete department for this purpose is, we believe, in contemplation.

There is still another department which we should like to see taken in hand, and that is the Casualty department. For a long time it has been obvious that as at present constituted its capacity is greatly strained by the enormous numbers of patients applying every morning. One of the necessary results of the present cramped condition is the inadequate accommodation for cases requiring temporary isolation pending removal to the fever hospitals. To provide the more extended accommodation that is undoubtedly required would necessitate rebuilding the department on a larger scale, by enlarging it up to the hospital railings, for instance.

Such then are some of the improvements that are either in active progress, or under consideration. To the non-medical mind the reorganization of departments which but a few years ago were thoroughly modernized, might suggest a want of foresight in the past; but it must be borne in mind that the progress of medical work is rapid, and to keep pace with it involves continuous expenditure and assiduous care. Moreover, the status of a country as regards medical science is judged almost solely by its hospitals. At St. Thomas's we are fortunate in the steady improvement that is being made in every department, improvements so great that the past decade has witnessed almost a revolution.

Needless to say that we owe these advances to the unstinted generosity of the Treasurer and Governors.

Hospital News.

WE offer a hearty welcome to all new students, and can assure them that they will never regret their choice of a hospital. Men joining St. Thomas's now come at an auspicious moment, for they reap all the benefits of the vast improvements that the past few years have witnessed.

We wish the Football Clubs every success for the ensuing campaign. If the Rugby Team wishes to achieve undying popularity, it can do so by bringing back the Cup from the custody of our friends at Southwark.

We heartily congratulate Mr. Edmonds on his appointment as Assistant Surgeon to the Evelina Hospital. The vacancy occurred through Mr. Makins' retirement from the senior staff.

The alphabetical list of old students of the hospital, compiled by Mr. Rendle, has been sent to all old students; it is a very interesting and useful list, and gives also a classified list of towns and countries where St. Thomas's men are in practice.

It appears that we have narrowly escaped the introduction of waitresses in the club; the idea originated with the caterer with the view, of course, to diminish the weekly expenses; the general feeling was, however, against the experiment, and after some consideration the project has been dropped.

The opening meeting of the Medical and Physical Society took place on October 13th, when Dr. Turney, the President, gave the introductory address.

The committee of the Medical and Physical Society have decided to discontinue free refreshments at the meetings; for the future they will be supplied to any who want them for the charge of sixpence; hitherto the society has paid sixpence a head for every member attending the meetings, so that a successful meeting was very serious financially. Dinner will be provided in the Club before each meeting for two shillings, and ten dinners will be guaranteed by the society, so that it is to be hoped there will always be an attendance large enough to prevent the Society being out of pocket.

Dr. Turney will give the lectures on General Pathology during the first three months of the winter session.

Dr. Percy Smith, who has been for many years the Resident Physician at Bethlem Royal Hospital, has resigned that post, and will for the future devote himself to consulting work in Lunacy. At Bethlem he will be greatly missed and regretted. Dr. Smith was Resident Assistant Physician at St. Thomas's from 1883 to 1885. He is, we believe, writing a text-book on Insanity, a subject on which no one is better qualified to speak, and on which moreover there is great need for an authoritative work. Dr. Hyslop succeeds him as Resident Physician.

In connection with Bethlem we should like to refer to the excellent post-graduate course which is held there twice yearly for the nominal fee of one guinea.

Mr. Parsons has been appointed examiner at the Primary Fellowship. He will also deliver the Hunterian Lectures on "The Joints of Mammals and their Relation to Human Anatomy." It will be remembered that Mr. Parsons gave the Hunterian Lectures last year on "Mammalian Myology."

After October 10th all medicines dispensed in the hospital dispen-

sary will be compounded in accordance with the formulæ of the New British Pharmacopœia.

The life of William Cheselden will be of interest to all, and especially to the winners of the Cheselden medal, who will be familiar with the illustration which we have appended at the end of the article.

The Entrance Science Scholarships have been awarded as follows:—Scholarship of £150, C. M. Roberts; of £60, H. M. Woodcock; Exhibition of £20, C. H. Latham.

Nurse Lawrence, who has been suffering from a severe attack of enteric fever complicated with pleurisy, is, we are glad to say, now convalescent. We have also two nurses warded in Lydia with scarlet fever; both, however, have had mild attacks, and are doing well.

Miss Smith has been appointed Sister Leopold, succeeding Miss MacMasters, who has gone to Salisbury as Matron of the Hospital there.

A good view was obtained from the Hospital of the Guards as they crossed Westminster Bridge on their way home from the Soudan. There was an enormous crowd, and their enthusiasm was unbounded.

Programme of Medical & Physical Society.

OCTOBER 13th.—Opening Meeting: Introductory Address by the President, Dr. H. G. Turney.

October 27th.—Clinical and Pathological Evening.

November 10th.—H. C. Crouch, Esq., "The Surgery of Deformities as practised at General and Special Hospitals: A Contrast." Illustrated by cases, instruments, and photographs.

November 24th.—W. W. H. Tate, M.D., M.R.C.P., "Clinical Aspects of Cancer of the Uterus."

December 8th.—Clinical and Pathological Evening.

January 12th.—A. W. Sykes, M.B., B.S., B.Sc., "Some remarks on the Life History of Fungi."

January 26th.—Clinical and Pathological Evening.

February 9th.—A. E. Russell, M.D., "The Blood in Health and Disease."

February 23rd.—H. T. Bulstrode, M.A., M.D., D.P.H., "Oyster Culture."

March 9th.—S. J. Sharkey, M.A., M.D., F.R.C.P., "Dr. Murchison."

Football News.

RUGBY FIXTURES.

1st XV.			2nd XV.		
1898.	Club.	Ground.	1898.	Club.	Ground.
Oct. 1	Civil Service, Chiswick.		Oct. 1	Civil Service A, Richmond.	
" 8	Croydon, Croydon.		" 12	Merchant Taylor's School, Willesden Green.	
" 12	East Sheen, Richmond.		" 15	St. George's Hospital A, Chiswick	
" 15	Richmond, Richmond.		" 22	Upper Clapton A, Chiswick.	
" 22	Lennox, Stamford Bridge.		Nov. 5	Redhill and Reigate, Redhill.	
" 26	Cambridge, Cambridge.		" 12	Lennox A, Chiswick.	
" 29	*Cardiff, Cardiff.		" 19	Haileybury College 2nd XV., Haileybury.	
" 31	*Penarth, Penarth.		" 26	Marlborough Nomads A, Surbiton	
Nov. 5	Kensington, Chiswick.		Dec. 3	St. Bartholomew's Hospital A, Chiswick.	
" 12	Bedford, Bedford.		" 10	Sandhurst A, Chiswick.	
" 19	Rosslyn Park, Chiswick.		1899.		
" 23	R.I.E.C., Cooper's Hill.		Jan. 14	Old Merchant Tailors A, Chiswick.	
" 26	Old Leysians, Chiswick.		" 21	Croydon A, Croydon.	
Dec. 3	*Blackheath, Blackheath.		" 28	Lennox A, Stamford Bridge.	
" 10	Sandhurst, Sandhurst.		Feb. 4	St. Bartholomew's Hospital A, Winchmore Hill.	
1899.			" 15	Merchant Tailor's School, Chiswick.	
Jan. 7	Harlequins, Chiswick.		" 18	Kensington A, Wood Lane.	
" 14	London Scottish, Richmond.		" 25	Marlborough Nomads, Chiswick.	
" 21	Croydon, Chiswick.		Mar. 4	Manor Way, Lee.	
" 25	East Sheen, Chiswick.		" 11	Guy's Hospital A, Chiswick.	
" 28	Rosslyn Park, Richmond.				
Feb. 4	Marlborough Nomads, Chiswick.				
" 11	Old Merchant Tailors, Chiswick.				
" 15					
" 18	Catford Bridge, Chiswick.				
" 25	Coventry, Coventry.				
Mar. 4					
" 11	London Irish, Herne Hill.				
	*Guy's and St. Thomas's combined.				

ASSOCIATION MATCHES.

1898.	Club.	Ground.	1898.	Club.	Ground.
Oct. 15	Old Eastbournians, Chiswick.		Dec. 10	Civil Service F.C., Chiswick.	
" 15	Surrey Junior v. Lorn.		" 14	†Richmond Old Boys, Richmond.	
" 19	†Manor House School, Clapham.		" 17	Clapham Rovers, Chiswick.	
" 22	Old Cranleyans, Chiswick.		" 17	†Molesey, F.C.A., Molesey.	
" 22	†Beverley Old Boys, Barnes.		1899.		
" 29	Barnes Incogniti, East Sheen.		Jan. 14	Barnes Incogniti, Chiswick.	
" 29	†Barnes Incogniti 2nd XI. Chiswick.		" 14	†Barnes Incogniti, Barnes.	
" 29	Surrey Senior v. Norwood.		" 18	Barnes, Chiswick.	
Nov. 2	Bradfield Waifs, Chiswick.		" 21	Woking, Woking.	
" 2	†City of London 2nd XI., Beckenham Hill.		" 25	Weybridge, Weybridge.	
" 5	R.I.E.C., Chiswick.		" 28	†Barn Elms, A.F.C., Chiswick.	
" 5	†Eversleigh B, Balham.		" 28	Old Cranleyans, Catford.	
" 9	Barnes, Barnes.		Feb. 4	†Eversleigh B, Chiswick.	
" 12	Civil Service F.C., Dulwich.		" 11	R.I.E.C., Cooper's Hill.	
" 16	†St. Mary's Hosp. 2nd XI., Chiswick.		" 11	†Richmond Old Boys, Chiswick.	
" 19	Clapham Rovers, Chiswick.		" 15	†Christ College, Finchley.	
" 23	†Christ College, Finchley.		" 18	Tonbridge, Tonbridge.	
" 26	Godalming, Godalming.		" 22	City of London School, Beckenham Hill.	
" 26	†Beverley Old Boys, Chiswick.		" 25	†Barn Elms, A.F.C., Chiswick.	
" 30	†City of London School 2nd XI., Chiswick.		Mar. 4	Bradfield Waifs, Norbury Park.	
Dec. 3	†Manor House School, Chiswick.		" 11	Cinque Ports A.F.S., Dover.	
" 7	City of London School, Chiswick.		" 11	†City of London School 2nd XI., Beckenham Hill.	
			" 18	†Civil Service 2nd XI., Chiswick.	
			" 25	†Old Cranleyans F.C., Chiswick.	

† 2nd XI. Matches.

RUGBY.

ST. THOMAS'S HOSPITAL v. CIVIL SERVICE.

This, the first match of the season, ended in a defeat for us by three tries to a goal and a try. Our men played up well, considering it was the first game this season. Harwood succeeded in scoring our first try, after a dribble up the field, Martin converting. Our second try was scored by Pern, after a good combination run up, in which the three-quarters participated. Martin, however, failed to convert. Team:—Back, T. King; three-quarters, S. O. Bingham, L. F. Hanbury, S. Pern, C. M. Goodbody; halves, H. M. Harwood, H. T. D. Acland; forwards, A. E. Martin, T. W. H. Downes, G. Dominy, H. Z. Stephens, Y. Takaki, B. Patch, J. F. Cunningham, A. W. Jones.

Correspondence.

To the Editor of the ST. THOMAS'S HOSPITAL GAZETTE.

DEAR SIR,—

I should like to make an appeal on behalf of the Rifle Club. This year we have lost the Cup which the Hospital has held for fourteen successive years. Endeavours must be made to regain possession of it, but in order to do this we must have more men that can shoot. The National Rifle Association allows no man to compete unless he be a volunteer. I, therefore, am asking you to insert this letter in the hope of inducing men, and especially first year men, to join without delay. The first year is the best time in which to join a volunteer corps, for various reasons too numerous to mention here. Most of our men are in the "Artists" R.V., and the team has been for many years composed almost entirely of "Artists"; men are strongly advised to join this corps. Beginners are taught to shoot both by the instructors of the "Artists" and by the members of this club, so no-one need be diffident in joining. Notices and full particulars are posted on the club notice board.

I am, Sir, yours, &c.,

HANWAY R. BEALE,

Hon. Sec. Rifle Club.

Books for Review.

A POCKET DICTIONARY OF HYGIENE. By C. T. Kingzett, F.I.C., and D. Homfray, B.Sc. Pp. 104. Price 2/6. Messrs. Baillière, Tindall and Cox, London.

Of late years there have been published numbers of small books on the different branches of medical work, many of them possessing good points; in this volume we seem to have reached the climax, for we have rarely seen a smaller. Its object is "to supply

Medical and Sanitary officers with a pocket dictionary for reference in connection with their work." It is doubtful, however, whether any sanitary officer could derive information of much value from this volume, especially as a fair proportion of it is devoted to the definition of words which are of everyday use, such as ablution, febrile, sedative, morbid, etc. We fail to see the necessity for defining Eczema in such a work, but to describe it as "an eruption of the skin" is ludicrous. This and others of the same nature are probably due to the fact that the authors are not medical men. With every desire to see the good points in any new work, we must confess to our inability to see many in this.

ATLAS OF CLINICAL DIAGNOSIS AND INTERNAL DISEASES. By Dr. Jakob. Translation from the German. Edited by Dr. Eshner. Rebman Publishing Co. Price 12/6 net.

This is a reproduction of one of the best known German Clinical Atlases, and is a book which is well worthy of the student's attention. It will prove particularly useful to those who are commencing their clinical studies.

As the title denotes, the plates are the most important part of the volume, but in addition to these there is appended a reliable clinical manual of not inordinate length. The plates, which for clearness and beauty it would be hard to surpass, are arranged in two sections. The first part deals with clinical microscopy and certain chemical colour reactions; the examination of the blood, urine, sputum, etc., is well set forth.

The second part is devoted to the topography of the viscera and the diseases of the chest and abdomen. The plates here are beautiful examples of the excellence of German colour printing.

The clinical directions at the end of the book are brief and to the point; they appear to be eminently trustworthy. Judging from this manual the methods of procedure in Germany approximate very closely to those in vogue at the English schools. The only thing which struck us as unusual was to find exploratory puncture advocated in dealing with inflammatory affections of the peritoneum.

The translation is American and this accounts for occasional vagaries of spelling and diction, but will hardly explain the curious mistake in the description of plate 30. This illustration is obviously not from the same case as plate 29.

PRACTICAL ORGANIC CHEMISTRY. By Samuel Rideal, D.Sc. Second Edition. Pp. 172. Price 2/6. Messrs. H. K. Lewis, London.

This little book consists of a collection of tests and reactions of the more common organic compounds, and appended to the end of

each description is a list of the pharmaceutical preparations of the body in question. The reactions have on the whole been carefully chosen, although occasionally important ones are left unnoticed, no mention for example being made of the ammonium sulphide test for chloral, whilst in other cases reactions of little use to the student have been rendered in full. A decided drawback is the presence of but few equations illustrating the reactions. Some statements need alteration or correction such as page 129, "Strychnine produces tetanus or lockjaw;" page 98, "The cell wall of very young plants consists of pure cellulose."

The book is well printed, very concise, and can be confidently recommended for laboratory work to those preparing for such examinations as the Int. M.B., and the B.Sc., of London University.

A POCKET MEDICAL DICTIONARY. By G. M. Gould, M.A., M.D.
Pp. 310. Price 2/6 net. Messrs. H. K. Lewis, London.

In this work some twelve thousand words are defined and their pronunciation indicated; the description is strictly confined to a definition, and seldom extends for more than one line, or roughly about half a dozen words. Table of muscles, nerves, arteries, micro-organisms, etc., are introduced. We fear that the necessarily scanty information it contains would rarely be of use to medical students and practitioners, to whom in the preface it is practically dedicated. To nurses, however, who are constantly hearing dozens of words, the meaning of which must be quite unknown, who have moreover but little time for reading, such a work would certainly prove very useful for rapid reference. It is neatly bound and well printed.

DWELLING HOUSES : THEIR SANITARY CONSTRUCTION AND ARRANGEMENTS. By W. H. Corfield, M.D. Fourth Edition.
Pp. 125. Price 3/6. Messrs. H. K. Lewis, London.

Professor Corfield's little book is so well known that little need be said of it beyond the fact that it has reached a fourth edition, and has been thoroughly revised and brought up to date. Without any extraneous matter whatever, it gives a concise and clear account of the best methods to be adopted in the construction, lighting and ventilating, etc., of houses. Its contains forty-five illustrations, and is a book which can be strongly recommended to every householder.

Examination News.

UNIVERSITY OF LONDON, JULY, 1898.

Intermediate Examination in Medicine.

J. W. Little, Z. Mennell, R. E. Roberts, H. W. Sinclair, and H. S. Stannus.
(*Excluding Physiology*).—N. Carpmæl and A. C. Haslam.

Preliminary Scientific Examination.—G. C. Adeney and J. N. Sergeant.

Chemistry and Physics.—C. H. Latham, S. H. Pitcairn, G. Price, and F. R. E. Wright.

Biology.—H. Catling.

UNIVERSITY OF CAMBRIDGE, JUNE, 1898.

Second Examination.

Pharmaceutical Chemistry.—W. N. Heard, G. C. Lawson, J. L. Timmins.

Anatomy and Physiology.—F. J. Child, J. S. Clarke.

UNIVERSITY OF DURHAM, SEPTEMBER, 1898.

First Examination.

Chemistry and Physics.—A. B. Bradford.

Elementary Anatomy, Chemistry and Physics.—T. C. Rutherford.

Elementary Anatomy.—A. J. S. Brandon.

Second Examination.

Anatomy, Physiology and Materia Medica.—A. J. S. Brandon, and F. Clarkson.

CONJOINT BOARD, JULY, 1898.

First Examination.

Chemistry and Physics.—R. J. Archibald, C. J. Battle, R. H. Bridges, R. D. Brown, T. Jays, E. D. Parsons, H. W. Sexton, C. G. Seymour.

Practical Pharmacy.—R. L. Beane, H. S. Bennett, R. H. Bridges, T. H. Edwards, O. B. Gauntlett, R. J. Harris, G. W. Harrison, T. Jays, H. S. Libby, H. W. Sexton, H. Upcott.

Elementary Biology.—G. O. Parsons, J. M. Wall, A. L. Walters.

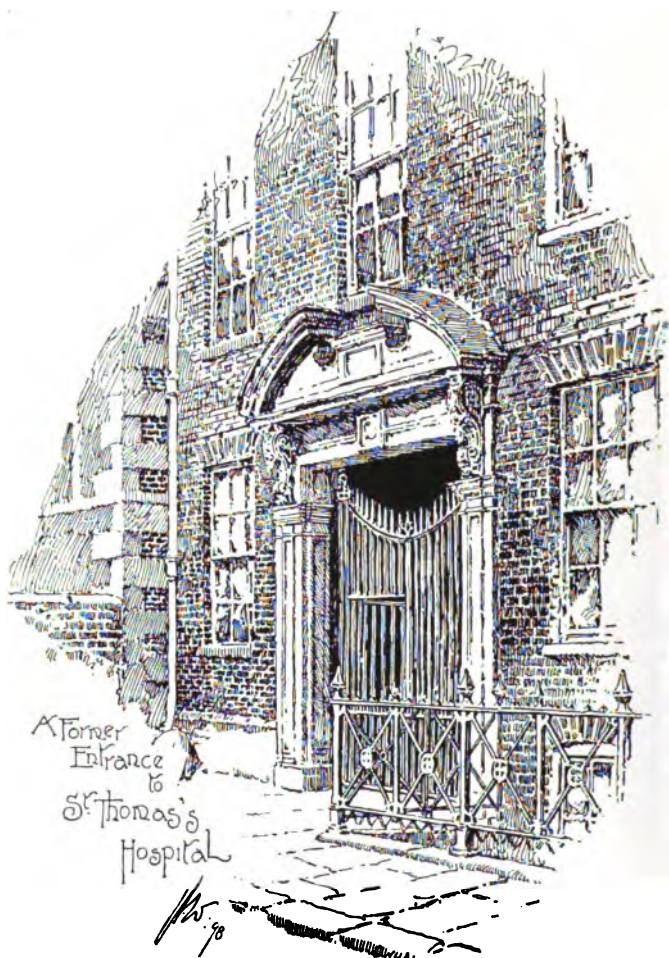
Third Examination.

Medicine.—A. J. B. Adams, *W. C. Ambrose, H. H. J. Edwards, E. L. Forward, J. Gaff, *W. J. Galt, *E. A. Gates, C. M. Goodbody, T. Hoban, *S. A. Lucas, *H. B. G. Newham, *H. L. Norris, *J. N. Pegg, *S. B. Reid, *H. D. Singer, A. Stanley Matthews, W. H. Tucker, *B. M. Young.

Surgery.—H. T. D. Acland, R. H. Allport, *P. R. Browning, F. H. Ellis, *W. J. Galt, P. L. Hope, E. E. Nicholl, *P. D. Pywell, *H. D. Singer.

Midwifery.—G. Black, F. H. Ellis, B. Fawcett, *W. J. H. Hislop, E. Hudson, *S. A. Lucas, C. A. R. Nitch, J. M. A. Olivey, F. A. Pitts-Tucker, *H. D. Singer, H. Z. Stephens.

*These gentlemen have completed the Final Examination.



A Former
Entrance
to
St. Thomas's
Hospital

St. Thomas's Hospital Gazette.

No. 8.

NOVEMBER, 1898.

VOL. VIII.

Old St. Thomas's.

THE illustration of "A Former Entrance to St. Thomas's Hospital" appeared in the November number of the *Pall Mall Magazine*, as one of many illustrating Sir Walter Besant's interesting series of papers on South London. For permission to reproduce it we are much indebted to the courtesy of the Editor of the *Pall Mall*.



KING EDWARD'S SQUARE.

The gateway is still standing in St. Thomas's Street, and its position in relation to the church and street can be seen in the illustration which appeared in the June number of the *GAZETTE* of this year. It dates from about the year 1700, at which period the whole hospital was rebuilt.

Accident cases were admitted at this gate and were taken through a passage under the Treasurer's house to King Edward's Square; the opening of this passage into the square can be seen on the right

hand of the second illustration. There were no wards in this square; the south side was occupied by the Treasurer's house and offices, the east side by the Governor's Hall, under which can be seen the colonnades and between them the communication leading to the Clayton Square beyond. The north side was taken up by the chapel, the Chaplain's house, and the Steward's house. The remaining west side communicated with the old front square.

In St. Thomas's Street the students of St. Thomas's and Guy's used to contend for the accidents, any interesting case being the source of much dispute.

Medical and Physical Society.

Introductory Address, October 13th, 1898, by the President,
H. G. TURNEY, M.D.

You have probably heard from previous occupiers of this chair that the selection of a suitable subject for an introductory address for a society like the present is by no means an easy matter, and I will therefore not dilate upon its difficulties much as I am tempted to do so. A purely professional topic seemed out of the question, and yet in addressing a body that has such a special interest in common it is at least a pity if some appeal is not made to that common interest. I felt a considerable sense of relief when I bethought myself of a class of practitioners with whom we are not infrequently brought into rivalry with results unsatisfactory to our professional and perhaps personal pride. The class to which I allude, and with which I propose to deal to-night, is commonly known as that of the Quack.

I entered upon the study of the subject then with a light heart, but my satisfaction began to melt away as I proceeded, for before long it became clear to me that no hard and fast line could be drawn between the legalised doctor and his unauthorized colleague. At the present day there are certain medical schisms to which I shall have later to allude which are professed by gentlemen whose qualifications are equal to our own, and whose bona fides (in the case of some at all events) we have no right to doubt. And yet their tenets seem to us to deserve all the discredit which pertains to the grossest quackery, though without its moral taint. I will, however, postpone the consideration of this aspect of the question until I have gone through a short historical retrospect dealing with the origin of quackery and its gradual separation from medicine. For when I came to look into the matter I found that the quack had no more reason to be ashamed of his parentage than we ourselves; in fact our origin seemed to be absolutely identical, and

the two branches of the family had evidently only split off in opposite directions within quite recent times. But as that forms part of the tale I have to unfold to you I will now, with your permission proceed to explain my meaning.

The common source of origin of both doctor and quack, to which I have just alluded, may be traced in two ways: either by appeal to history, or better still by reference to the conditions under which it is found in savage or semi-civilised nations. Man in all ages remains *mutatis mutandis* fundamentally the same; in the savage, and, though to a less extent, in the peasant of the present day we can find in full vigour the habits of thought and beliefs of our remote ancestors. We find that in every savage race bodily ailments of every sort—*i.e.*, apart from injuries—are ascribed to the entrance of an evil spirit, who has come in either of his own accord or at the bidding of an enemy; some races even, ascribe every natural death however old the person may be, to such influences. Obviously then the doctor must be the man in the village who has most power over spirits. And so the term medicine-man becomes synonymous with doctor, quack, and priest. His sphere of action is a purely spiritual one though dealing with bodily ailments.

The methods of treatment adopted are, as may be imagined, often of a curious description. In Guinea, for example, the native doctors paint their patients different colours in honour of the spirit which is supposed to have caused the disease. In West Australia for the same reason it is the duty of the doctor to run round and round his patient shouting as he goes, to keep away the evil spirit. In the "History of the Abipones" it is said that the people of Paraguay cure every kind of disease with one and the same treatment. They apply their lips to the parts affected and suck it, spitting after every suction. Belief is constantly fostered by the jugglers with fresh artifices, for when they prepare to suck the sick man, they secretly put thorns, beetles, worms, etc., into their mouths, and spitting them out after having sucked for some time, say to the patient, pointing to the worm or thorn, "See, here is the cause of your disorder." At this sight the sick man revives, when he thinks that the enemy that has tormented him is at length expelled. Among the Kukis of Bengal a very unsatisfactory arrangement seems to have been in force: the doctor takes the remedies instead of the patient. "Consequently," says the reporter, "food is generally prescribed, and in cases of severe illness a buffalo is sacrificed and the doctor gives a feast." So it was not so bad as appeared at first sight. It is quite a common practice among certain African races for the doctor to spend the night by his patient's bedside beating a drum and shouting terms of abuse

in hopes of driving away the evil spirit. Moreover, certain diseases have their special deities with appropriate effigies and prayers. On the Island of Buru during an epidemic of small pox, the people cry, "Dear Grandfather Small-Pox please go away. We have prepared victuals for thy voyage. We have nothing more to offer thee."

Are we to consider the practitioner who leads these rites a quack or not? In many cases yes. In the juggling feats just described, it is clear that the medicine man was a conscious deceiver and so a quack. There is reason, however, to believe that at times a certain system lay behind their superstitious performances. Savages from the earliest ages have had a knowledge of the powers of hypnotism, for example, and it has been suggested that their repeated droning prayers did some good by bringing sleep; but even without that the effect on the sufferer's mind must have been very reassuring, and so beneficial. The violent dances which the sick were often compelled to perform may, it is thought, have been of use in promoting perspiration; and of the adoption of hydropathic measures there are many indications. Still there is no proof of these more subtle motives, and it is more than probable that any attempt to rationalise his crude superstitious rites would be utterly incomprehensible to the ordinary savage. This, then, is the first stage, when doctor, quack, and priest are rolled into one as the tribal medicine-man, when disease is ascribed in the most direct way to the presence of evil spirits, and when treatment is chiefly directed to the expulsion of these spirits by means of prayers or incantations. The next stage is one in which the belief in the supernatural causation of disease is still present, but is less vivid; where each disease is no longer represented by a bad spirit, but is ascribed to malevolent influences, supernatural still, it is true, but without the personal individuality of an earlier age. This is specially the period of charms, amulets, and witchcraft, and is one from which the present population of England has by no means yet freed itself. In many country districts at the present day certain people—particularly old women of unprepossessing appearance—are credited with occult powers. Their reputation is at once a source of trouble and of profit. On the one hand they run the risk of being held responsible for any illness affecting either man or beast, which they are said to have "overlooked," and within the past two years cases have come into the law courts of old women having been maltreated on this accusation. On the other hand a being so powerful, even though only for evil, must be propitiated to avert trouble, and must be paid for her advice as to getting out of it. In this way many an old woman becomes a sort of unlicensed consultant. A curious story illustrating this was told by Sir John Coke, a Lord Chief

Justice of the last century. In his youth (which was thickly strewn with wild oats) he found himself in a country village quite at the end of his resources. He went to the village inn trusting to his luck for the money to pay the bill. The landlady's little girl had suffered from spasms of some sort for months, and her mother had consulted doctors without effect till her funds were exhausted. Sir John said at once that he could cure her child to a certainty, and undertook to do so. Going up stairs he scribbled some meaningless signs on a piece of parchment, which he then with many formalities tied on the girl's arm. The cure was complete, and the landlady in her gratitude refused to accept a penny for her hospitality. Many years afterwards the traveller, now Sir John Coke and a Judge, visited the same village as Judge of Assize. An old woman was brought before him charged with being a notorious witch and possessing a charm capable of working all sorts of miracles. The charm was handed up to the Judge, who found under many wrappings the same old piece of parchment which he had strapped on the girl's arm a quarter of a century before. You will be glad to hear that he made a clean breast of the matter, and the old woman was acquitted.

A curious development of the charm is found in the writing of a text or incantation on a piece of paper, then washing it off and drinking the dirty water. This form of what we may call internal medication leads us on to the next stage of quackery in which the supernatural element sinks still more into the background. This may be described as the period of false analogies and human vanity. A characteristic feature of the vanity of man is shown in his belief in himself as the hub of the universe, and this is to some extent the pivot on which turn the principles of treatment we are now about to describe. Man thought (and very often still thinks) that the whole world of nature is sympathising with his little struggles, that the macrocosm outside is built on the lines of the microcosm inside, and so the heavenly bodies are dragged into the fray. Medicines must be compounded or taken at a favourable conjunction of the planets; the signs of the Zodiac give important indications for treatment, and to crown all, each miserable human atomy has a star allotted to himself. By the doctrine of signatories even the most ordinary natural objects are thought to present analogies to man and his diseases. Thus cornelian being a red stone is good for hæmorrhage; by a still more superficial analogy euphrasie or eye-bright is good for diseases of the eyes. The Chinese physician of the present day prescribes the tops of plants for diseases of the head, the stems for diseases of the trunk, and the root for affections of the lower limbs. Instances such as these might be multiplied indefinitely, but the above may suffice. I think

you will follow the common factor that belongs to all these apparently widely different forms of treatment.

It is important to notice that during this stage a fresh element has imperceptibly been coming into play. Superstition still strikes the key note, but no longer monopolises the board. Medical treatment, by drugs ill-understood and crude if you will, but medical treatment all the same in the modern sense of the word, has come into existence. From this time forth, slowly and with many defeats, legitimate medicine gradually ousts its old competitor. The task is not yet complete, and possibly it never will be. We must leave it here save for passing references.

Hitherto every man has been his own quack more or less, and has indeed had few opportunities of choosing better things. From this time forth (say for the last 200 to 300 years in England) there has been in existence a true medical profession, and side by side with it there has come into being the army of quacks—what some people would call—the sister profession: the one representing honesty and partial knowledge, the other imposture in all its forms. I propose to give you a short account, 1st, of one or two historical quacks; 2nd, of certain systems of quackery; and third of the present day advertising quack.

Theophrastus Bombast von Hohenheim generally known as Paracelsus is one of the most interesting and mysterious characters of all history.

If on the one hand he was a quack, and a quack of the most blatant description, on the other he was one of the most original and independent thinkers the world has ever seen. He was born in Switzerland in 1493, his father being a physician and his mother a hospital matron according to some accounts. At the age of 16 he went to the University of Basel, where he was instructed in the arts of medicine, surgery, and alchemy. Here he got into trouble with the monastic authorities and had to leave hurriedly. The next ten or twenty years of his life he spent in roaming about the world, first as a surgeon in the wars, and afterwards probably as a wandering mendicant quack or necromancer. His travels extended to all the countries of Europe, and even to Tartary where he tells us he was introduced to the "Great Cham." During these years he gained a vast knowledge of men and things which will go far to explain his extraordinary power over men in later life. As he himself says "I talked with physicians, barbers, bath-keepers, executioners, old women, and gipsies in order to understand the wonders of nature." In 1527 he returned to Basel, was appointed to the Professorship of Medicine and to the post of City Physician. And now his daring radicalism and self-confidence showed itself to the full. Before this, all scientific teaching had been carried on in

Latin or Greek. He at once commenced to lecture in German, a language at that time considered fit only for addressing horses. Hitherto medicine had been taught as a theoretical subject out of the text books of early writers, such as Avicenna and Galen. No one dreamt of observing anything for himself. Paracelsus commenced by burning the works of Avicenna and Galen in his lecture-room with the characteristic remark that "All the universities had less experience than his beard, and that the down on his neck was more learned than all the authors." And again, "The physician should be a traveller. Does not travelling supply more information than sitting by the fireside? He who wishes to investigate Nature thoroughly must tread her books with his feet. The first schoolmaster of medicine is the corpus and the material of Nature." As may be imagined this open defiance of all tradition soon brought trouble upon Paracelsus. All the faculty were in arms against him. He was charged with not having regularly graduated. His habits of drunkenness were brought up against him; and finally he had to take to flight. He went first to Alsace, then to Nuremberg and various other towns, his track being marked by his bitter quarrels with his medical colleagues. He fell into poverty and finally died at Salzburg in the year 1541, according to some, in consequence of an injury inflicted by assassins in the pay of certain medical men.

This is hardly the place to consider Paracelsus' claims to be considered a founder of medicine. Suffice it to say that he was the first for many centuries to appeal from authority to Nature herself. As he says "Every surgeon should understand that it is not he who heals, but the balsam within the body is that which heals, and that wherein thou art a good surgeon, is that thou offerest to nature defence and protection in the wounded part." This could hardly be better expressed even at the present day. Moreover Paracelsus introduced a simpler method of treatment, and certainly owed some of his success to really powerful and useful drugs, more particularly mercury and laudanum.

I will give you one quotation to prove that Paracelsus really was a quack. "So then the Tincture of the Philosophus is a universal medicine, and consumes all diseases by whatsoever name they are called just like an invisible fire. The dose is very small, but its effect is most powerful. By means thereof, I have cured the leprosy, dropsy, the falling sickness, colic, scab, and similar affections; also lupus, cancer, and the whole race of internal diseases more surely than one could believe. How can your Apollo Machaon, and Hippocrates stand against me? This is the Catholicum of the Philosophus by which all these philosophers attained long life and resisted diseases," etc.

A true estimate of Paracelsus' character is a most difficult task to attempt. He was worshipped by the populace, abhorred by the cultivated classes; in some of his writings we find in him a philosopher and scientist far in advance of the knowledge of his time; in others he descends to the lowest depths of chicanery and coarseness, while in others again he appears as a pure enthusiast revelling in mysticism, alchemy and astrology. On the whole, we may consider him as a man of a peculiarly original genius, at one time emancipating himself from the superstitions of his age, at another showing that his release was far from complete. His temperament was one naturally prone to contentiousness, and this often showed itself in revolt against all authority; in fact, his life was one long struggle against the powers that be. His morals were low, but so were those of his contemporaries. He was undoubtedly the ablest physician of that age and the subsequent one, though at the same time it must be owned, a quack.

The next historical quack with whom I propose to deal offers a far simpler type of character for discussion. Joseph Balsamo, alias the renowned Count Cagliostro, has nothing beyond his quackery to commend him to our notice. But he was such an unmitigated scoundrel that his name will always excite interest. He was born at Palermo in 1743, and died in prison in 1794.

From the medical point of view Joseph Balsamo was a very elementary sort of quack; he dealt in various articles of the toilet at preposterous prices, freckles were removed, skins were made clear and smooth, and so on. He undertook to cure all diseases of course, but nothing is known of the constituents of his medicine. He was stronger apparently in the direction of soothsaying, and the art of magic generally, than in that of therapeutics, in the ordinary sense of the word. His qualities seem to have been those of the successful quack in all ages: unlimited effrontery, a quick wit, the power of judging character, with a complete absence of scruples or even sense of decency—these constituted his mental and moral equipment. Ability he had certainly, but of the sort which is described by the word smartness. On the whole it seems incredible that such a man should have set all Europe talking of him during his life, and should still be a historical name one hundred years after his death. He is the hero of two novels—one by James (G. P. R.), the other by Dumas, "Memoirs of a Physician."

James Graham (1745-1794) enjoyed a reputation as great as Cagliostro, though it apparently did not extend beyond the British Isles. He studied medicine in Edinburgh, but it is doubtful if he took any qualification. After some years spent in America as a travelling oculist and aurist, he returned in 1774 to England. In 1779 (having previously practised in Bath and Bristol) he took a

gorgeously appointed house in London which he entitled "The Temple of Health." The entrance hall was adorned by crutches said to have been cast off by his patients. On the upper floors were large, highly decorated electric machines, jars, conductors, and an "electrical throne" insulated on glass pillars. Sculpture, paintings, stained glass windows, music, perfumes, and gigantic footmen were among the attractions. Here he gave lectures at high prices, many of these being printed and sold afterwards. He was assisted by Miss Emma Lyon (according to others her name was Ward) who afterwards became the Lady Hamilton whose name we associate with Nelson's. In March, 1783, we are informed that "the rosy, athletic, and truly gigantic Goddess of Health and of Hymen, on the celestial throne," assisted during the reading of the lecture. Graham's style was always of this extreme hyperbolical order, which seems to have been part of the man. His prices were certainly in keeping, for he frequently obtained 50 and 100 guinea fees. In 1783 he announced that he could impart the secret of living to at least 150 years. In 1790 he described his earth-bathing. He had been buried naked in the earth for eight successive days, six hours each time. "He and a young lady at Newcastle were each interred up to the chin, their heads beautifully dressed and powdered, appearing not unlike two fine full grown cauliflowers." A year or two later Graham became a religious enthusiast, and for a time seems to have become definitely insane. Graham's private life seems to have been fairly respectable and his habits frugal. In his treatment he devoted a good deal of attention to hygienic rules—such as plainness of food, moderation in alcohol, sleeping on mattresses and with open windows. He asserted that all diseases were caused by wearing too much clothing, and he was strongly against the wearing of woollen fabrics. Some years before his death his popularity waned, and the temple which he had set up came with its magnificent fittings to the auctioneer's hammer. One article of furniture alone is said to have cost £12,000. But in spite of all this Graham died as I have told you in poverty. With this exception he shows a far closer resemblance to the quack of our own age than any we have yet come across. Cagliostro, you will remember, who was Graham's closest predecessor, relied at least as much on his necromantic as on his medical qualifications. Graham may be not unfairly described as a foreshadower or one of the foreshadowers of a certain limited liability company which triumphed and fell a few years ago.

To be continued.

A Clinical and Pathological Meeting was held on Thursday, October 27th, when the following cases were shewn:—Parrot's nodes with hydrocephalus by Mr. McClean; Calcareous glands of neck by Mr. Eve; Athetosis and Acute anterior poliomyelitis in an adult by Dr. Turney; Coxa Vara by Mr. Wallace; Tumour of chest wall by Mr. Bingham; Peripheral Neuritis by Mr. Mennell; Spondylitis Deformans, and a tumor of testicle by Mr. Greaves.

Hospital News.

WE are very glad to see the substantial increase in the number of students entering for the whole curriculum, the numbers being sixty-two for this year as against fifty-two in 1897. This is as it should be, for at St. Thomas's there are abundant facilities for a large number of students. It looks as if the constant advance that has been made in the efficiency of the hospital and school is making itself felt; we hope for a still better entry next year.

Everybody sympathises strongly with Mr. Haslam, who is warded with enteric fever. He had already during his term of office suffered from a severe attack of diphtheria followed by paralysis, necessitating a long holiday, and to contract typhoid within a fortnight of his return to duty is indeed hard fortune. Clark, the College House butler, has, we are sorry to say, also fallen a victim to the same. Two cases occurring from College House might at first sight give rise to some uneasiness, but with so much about it is probable that it is a mere coincidence. We wish them both a speedy recovery.

The ways of the ward clerk are many and various, but we fancy that the following history of a case of diphtheria recently in Luke would be hard to beat; the patient, be it noted, was a boy:—

“They went out for a walk and came back with a cold and was put to bed and was very bad. her eyes were running which were always weak and was foaming at the mouth. the doctor said it had better be brought to the hospital.”

The above literal copy of the notes should be read over two or three times to fully appreciate all its beauties.

The meetings of the Medical and Physical Society have so far been great successes. A very large audience assembled to hear Dr. Turney's introductory address, which was so much appreciated

that we are printing it as fully as possible. The Clinical and Pathological evening was also well attended and the discussions most animated.

We congratulate Mr. Richardson on his appointment as Demonstrator of Practical Surgery, also Mr. Dyball, who has left Leeds to become the Resident Medical Officer at Great Ormonde Street.

There seems to be some probability that the obstetric district will be curtailed. Last year 2,483 maternity cases were attended, representing an average of about fifty cases for each student. There seems, however, to be less inclination among the men to do many more cases than the minimum twenty required by the Conjoint Board. This fact when coupled with an accidental scarcity of obstetric clerks explains the phenomenon of the Junior and Senior Obstetric House Physicians being seen prowling round the district with handbags and harassed countenances.

On the night of November 2nd three bicycles were stolen from the old club room under the medical theatre; there is no evidence as to how access was obtained and so far no clue as to the identity of the thief. Much indignation has naturally been aroused, and it is to be hoped that the thief may be brought to justice, though we fear that it is rather unlikely. One of the victims had had the foresight to insure his bicycle against theft, but on communicating with the insurance office found it in liquidation. To lose one's bicycle is bad enough, but to lose premiums paid for insuring the same is to have insult added to injury.

We are glad to see that House Physicians are to be appointed at Bethlem Hospital at a salary of twelve guineas per quarter, Hitherto they have enjoyed the title of Clinical Assistant and have given their services gratuitously.

Both Sister Florence and Sister Casualty are taking a prolonged holiday; Miss Innes has been appointed Sister Florence, and Miss Whitley has left Ophthalmic Ward to become Sister Casualty, being succeeded in Ophthalmic by Miss Freeland.

Clinical Jottings.

A CHILD at present in Luke illustrates well an important cause of obstructed respiration, which should always be borne in mind when

examining children with any dyspnoea. The condition in question is retro-pharyngeal abscess. The child is four months old ; there was a history of illness commencing ten days before admission with a cold and disinclination to take the breast ; a few days later stridor became noticeable, and there seemed to be difficulty in swallowing ; these symptoms persisted up to the time of admission. There was considerable stridor ; the tonsils were swollen but no membrane was visible. The pharynx was red. The culture taken from the throat shewed diphtheria bacilli. Three days after admission a tense fluctuating swelling was felt at the back of the pharynx, and there was also distinct swelling at the right side of the neck. An incision was made from the side of the neck and pus was evacuated ; no bone was felt, and the abscess in all probability was a glandular one secondary to the diphtheria. Tracheotomy was necessary during the operation. A similar case occurred a few years ago in Luke ; it is, of course, an uncommon condition, and easily overlooked.

It is not often that we meet with cases of enteric fever with perforation that are really hopeful from an operative point of view. The chances of recovery are in any case small, and the chief factors of success seem to be the following :—Firstly, a fairly healthy condition of the mucous membrane around the perforation ; secondly, mild constitutional symptoms before the occurrence of perforation ; and thirdly, early operation. A man æt. forty-one was recently admitted with a history of eleven day's illness. On the fifth day of illness he had taken to bed and remained there for two days ; he then insisted on getting up, and was up and about from that time until admitted. He looked very ill, there were numerous spots, and his spleen was enlarged. A few hours after admission he was seized suddenly with intense pain in the abdomen, which rapidly became rigid and motionless. He was operated on within four hours of the onset of symptoms of peritonitis ; three perforations were found, and the mucous membrane invaginated and sutured. Death occurred, however, five hours later. At the post-mortem examination only a few ulcers were found ; those that had perforated were about four feet from the cæcum and about six inches from each other. The mucous membrane around each was much injected, otherwise healthy in appearance. There was early peritonitis. The points against recovery in this case were firstly, that the patient was admitted very ill, having been going about up to the last moment, and secondly, that three perforations were present.

The following case is a good example of the pitfalls that the liver offers to the diagnostician,

A woman, æt. 43, was admitted in August. Four months previously she had been seized with severe abdominal pain and vomiting, and a fortnight later she was delivered of a still-born eight-month child. The abdominal pain continued and she became jaundiced. In June her abdomen began to swell, and she was tapped twice. The jaundice gradually diminished. She lost weight considerably. On admission she was emaciated, and her conjunctivæ were tinged yellow. A hard tumour could be felt in the left hypochondriac and lumbar regions. The liver was enlarged, reaching almost to the umbilicus; its surface was somewhat irregular, several hard bosses being felt. In the hospital her temperature rose every evening, frequently reaching 104°F.; morning temperature nearly always normal. Pleural and pericardial friction frequently present, and on August 26th ten ounces of blood-stained fluid were aspirated from the left chest. Her abdomen gradually filled, and on September 7th sixteen pints, and on October 5th four pints, were removed by tapping. She vomited frequently, complained occasionally of abdominal pain, grew gradually weaker, and died on October 18th. During the last month or so her skin had a yellow tinge, but the jaundice was at no time marked.

Post-mortem.—The peritoneal cavity contained about six pints of turbid blood-stained fluid; the coils of intestine were stuck together by lymph, and there were countless numbers of miliary tubercles. The tumour felt during life was found to be an indurated mass, formed of matted great omentum and mesocolon, which was densely adherent to the liver. The common bile duct was greatly dilated, and contained several gall-stones, the size of cherries; the duct could be traced forwards to the duodenal papilla and backwards to the enormously distended hepatic duct. The gall bladder was of small size, and contained two gall-stones. The liver was slightly enlarged; its peritoneum was thickened, and showed numerous depressions, probably caused by gummatous scars. The bile ducts within the liver were distended with bile-stained purulent fluid. In some places the liver tissue was on the point of abscess formation. The portal vein was healthy. Both pleural cavities showed extensive adhesions, and there was a small cavity at the left apex.

The somewhat anomalous symptoms and physical signs are then fully explained by the post-mortem examination. The presence of a tumour under the left costal margin, with large nodules in the liver, was, of course, suggestive of malignant disease, and this would also explain the ascites. The points in favour of cholelithiasis were—firstly, the attack of abdominal pain and jaundice occurring before admission; secondly, the fact that the jaundice diminished in intensity, so that it was scarcely perceptible on admission; and thirdly, the ague-like temperature, suggesting cholangitis. The

ascites, then, would be difficult of explanation without some such cause as tubercular disease of the peritoneum or cirrhosis, &c. This developement of abdominal tuberculosis in the course of hepatic disease is frequently shewn at post-mortems, but during life there is a natural hesitation to invoke a second disease to explain symptoms.

Bacteriological Specimens.

A series of Bacteriological Slides is in course of preparation by Mead, and may be obtained from him. The specimens are prepared from pure cultures of twenty-four to forty-eight hours growth, which have been grown under the supervision of Mr. Shattock. The series will include the following Bacteria; those marked with an asterisk are ready, and the others will be shortly:—

- | | |
|-------------------------------|---------------------------------|
| 1. Saccharomyces Albicans. | 9. Bacillus of Malignant Œdema. |
| 2. Streptothrix Actinomyces.* | 10. " Tetani. |
| 3. Staphylococcus Pyogenes | 11. " Coli Communis.* |
| Aureus.* | 12. " Typhosus.* |
| 4. Streptococcus Pyogenes.* | 13. " Mallei. |
| 5. Diplococcus Pneumoniae. | 14. " Diphtheriae. |
| 6. Micrococcus Gonorrhœae. | 15. " Tuberculosis. |
| 7. Sarcina Ventriculi.* | 16. " Pestis. |
| 8. Bacillus Anthracis.* | 17. Cholera Spirillum. |

The price for the seventeen slides is 8s. 6d., single specimens 9d. each. Sections of the following can be purchased for 1s. each:—

Leprosy—Lymphatic Gland.*
 Anthrax—Spleen or Kidney of Mouse.*
 Actinomyces—Liver (Human).
 Glanders—Lung (Human).

Football News.

RUGBY.

FIRST FIFTEEN v. CROYDON.

Played on the Croydon ground, White Horse Lane, on October 8th. The Hospital forwards went off with dash, but Croydon had

the best of matters outside and managed to score three tries in the first half, one of which was converted. In the second half Hanbury made a good run, and from a forward rush soon after by Martin, James and Dominy, scored. Martin improved the try. In the remainder of the second half Croydon scored twice, both tries being unconverted.

Our backs throughout were out-matched, but Hanbury, Harwood and Patch showed up well. The match resulted in a win for Croydon by one goal four tries to one goal.

Team :—Back, B. G. Patch ; three-quarters, L. F. Hanbury, H. M. Harwood, J. F. Cunningham and S. Pern ; halves, H. R. Bateman and Rawes ; forwards, G. H. Dominy, A. E. Martin, H. T. James, T. W. Downes, G. H. Latham, H. Z. Stephens, J. C. Thompson and A. W. Jones.

FIRST FIFTEEN v. RICHMOND.

Played at Richmond on Saturday, October 15th, Richmond eventually winning by a goal and three tries to *nil*. Martin kicked off, and after about ten minutes play Schwarz scored for Richmond. The same player scored again soon afterwards, after making a pretty run along the touch line. Richmond scored once more in the first half, one of these tries being converted. Just before half-time Downes was within an ace of scoring, but was badly backed up.

In the second half the Hospital forwards played up well, and Richmond were only able to cross the Hospital line once, N. S. A. Harrison scoring shortly before time, no goal resulting. Harris, one of the Richmond centres, had the misfortune to put his shoulder out and had to retire.

Forward, the Hospital played a good game and were superior to their rivals in the tight, but in the loose the Richmond forwards were far the cleverer. The Hospital outsiders tackled and saved well, but were weak in attack.

Team :—Back, H. Wheelwright ; three-quarters, L. F. Hanbury, H. M. Harwood, B. G. Patch and S. Pern ; halves, H. R. Bateman and A. D. Jameson ; forwards, A. E. Martin, G. H. Downing, H. T. James, T. W. Downes, H. Z. Stephens, R. J. C. Thompson, G. H. Latham and J. F. Cunningham.

FIRST FIFTEEN v. LENNOX.

October 22nd. Play was fairly even, and there was no score till shortly before half-time, when Lennox were awarded a penalty in front of the Hospital's goal, which they converted.

On changing ends the home side had much the best of the game. The Hospital forwards fell to pieces, and although the backs at times did some plucky tackling they were unable to prevent the Lennox three-quarters scoring three tries, one of which was converted, Lennox thus winning by two goals (one penalty) and two tries—fourteen points—to *nil*.

Team :—Back, H. Wheelwright ; three-quarters, L. F. Hanbury, H. R. Harwood, B. G. Patch and S. Pern ; halves, H. R. Bateman and A. D. Jameson ; forwards, A. E. Martin, R. J. C. Thompson, T. W. Downes, G. H. Latham, H. Z. Stephens, H. T. D. Acland, J. M. A. Olivey and J. F. Cunningham.

FIRST FIFTEEN v. CAMBRIDGE.

Played at Cambridge on October 26th. We suffered a severe defeat by five goals and one try—twenty-eight points to *nil*. The University obtained four tries in the first half, Campbell improving three of them. Shortly before half-time the Hospital three-quarters looked uncommonly like scoring. In the second half the Hospital played up gamely, Cambridge only crossing their line twice, both tries being converted.

A. H. Greg, who turned out for the first time this season, made a great difference to our three-quarter line.

Team :—Back, H. Wheelwright ; three-quarters, L. F. Hanbury, A. H. Greg, H. M. Harwood and S. Pern ; halves, H. R. Bateman and A. D. Jameson ; forwards, A. E. Martin, H. T. James, T. W. Downes, H. Z. Stephens, G. H. Latham, A. W. Jones, J. G. Glasgow, J. M. A. Olivey and J. F. Cunningham.

GUY'S AND ST. THOMAS'S HOSPITALS v. CARDIFF.

Played at Cardiff on Saturday, October 29th, before 6,000 spectators. In the first half Cardiff scored three tries, one of which was converted, and Hussey also dropped a clever goal. Towards the end of the first half T. P. Thomas broke away from the line out and had hard luck in not scoring.

In the second half the Hospitals' forwards forced the game and Cardiff were only able to score twice, neither of the tries being improved upon.

The Hospitals' played a good game forward, and the brothers Wetherell were very clever at half. The three-quarters at times did some very pretty things, but lacked combination. Ransford put in a lot of useful work at back.

Team :—Back, A. C. Ransford ; three-quarters, R. L. Rae, F. D. S. Jackson, A. Lewis and L. F. Hanbury ; halves, F. C.

Wetherell and R. C. Wetherell; forwards, R. C. Mullins, T. P. Thomas, H. D. Trail, R. J. C. Thompson, A. Ayre-Smith, H. A. Cutler, T. W. Downes and J. F. Cunningham.

GUY'S AND ST. THOMAS'S HOSPITALS *v.* PENARTH.

On Monday, October 31st, we drove over to Penarth, and defeated them on their own ground by two goals (one dropped) and two tries to three tries.

In the first half Penarth opened the scoring with two tries in rapid succession. A try was then scored for the Hospitals and F.C. Wetherell dropped a pretty goal. In the second half tries were obtained by R. C. Wetherell and Hanbury, one of which Thompson converted.

Teams:—Back, A. C. Ransford; three-quarters, R. L. Rae, L. F. Hanbury, F. D. S. Jackson and E. A. Lewis; halves, F. C. Wetherell and R. C. Wetherell; forwards, R. C. Mullins (captain), T. P. Thomas, H. D. Trail, R. J. C. Thompson, H. A. Cutler, T. W. Downes, H. V. Trubshaw, and J. F. Cunningham.

SECOND FIFTEEN *v.* UPPER CLAPTON "A."

Played on October 22nd at Chiswick. We started by defending the tennis court end and play ruled even for the first quarter of an hour, and then Upper Clapton scored between the posts and converted. In the second half our opponents scored twice, and eventually won by two goals and a try to *nil*. For St. Thomas's E. W. Browne, F. W. Jones, and S. O. Bingham did best work. We played one short.

SECOND FIFTEEN *v.* BLACKHEATH "B."

Played at Chiswick on October 29th, the result being an easy win for us by eight goals seven tries to *nil*. The tries were obtained by Pinches (5), Browne (3), West (3), Pern (2), Bateman (1), and Latham (1).

SECOND FIFTEEN *v.* REDHILL AND REIGATE.

Played at Redhill on November 5th, and resulted in a win for Redhill by two goals two tries to *nil*. We took down a very weak team, and were badly beaten forward. For the Hospital, Bernays, Little and Browne played up well.

ASSOCIATION.

FIRST ELEVEN *v.* OLD CRANLEIGHANS.

This match was played at Chiswick on October 22nd, when the

visitors won by eight goals to *nil*. St. Thomas's Hospital had only ten players, which accounted for their severe defeat.

Team :—O. Mills, C. Wheen, S. Bazalgette, R. Mould, T. W. Paterson, A. L. Walters, H. C. Williams, T. Gibson, B. F. Howlett and H. E. Ellis.

FIRST ELEVEN *v.* R.I.E.C.

This match was played at Chiswick on Saturday, November 5th and after a closely-contested game was won by the home team by three goals to two. For the Hospital, Henderson scored twice and Sampson once.

Team :—O. Mills, C. Wheen, S. Bazalgette, E. V. Gostling, T. W. Paterson, R. Mould, B. F. Howlett, T. Gibson, T. B. Henderson, H. C. Williams, and F. Sampson.

SECOND ELEVEN *v.* LORN F.C.

Played at Chiswick on October 15th. We were very unlucky in being drawn in the first round of the Surrey Junior Cup, as our teams had not been got together. The game ended in a victory for Lorn by seven goals to *nil*.

SECOND ELEVEN *v.* MANOR HOUSE SCHOOL.

Played at Clapham on Wednesday, October 19th. Taking down a strong team, including Dominy and Downes, a good game ensued, ending in a draw, both sides scoring twice. Our goals were very cleverly scored by Downes. On the left wing Dominy was very conspicuous, and had hard luck in not scoring, whilst at back Bagalgelle played a sound game.

SECOND ELEVEN *v.* BEVERLEY OLD BOYS.

Played at Barnes on October 22nd. Both sides were very weak, and after a poor game the Old Boys won by three goals to two. Chalir at back played splendidly.

SECOND ELEVEN *v.* BARNES INCOGNITI "A."

Played at Chiswick on October 27th. For once we were able to put a full team into the field, and having matters all our own way won easily by six goals (Henderson four, Sergeant one, Wright one) to *nil*.

SECOND ELEVEN *v.* CITY OF LONDON SCHOOL SECOND ELEVEN.

Played in wretched weather at Chiswick on November 2nd. After a very exciting game ended in a victory for us by one goal (Sergeant) to *nil*.

Books for Review.

GUIDE TO THE CLINICAL EXAMINATION AND TREATMENT OF SICK CHILDREN. By John Thomson, M.D. Pp. 336; illustrations 52. Cr. 8vo. Price 9/-. Messrs. William F. Clay, Edinburgh.

The medical student of to-day is perhaps rather prone to neglect the diseases of children, the more so as the ordinary text-books of medicine are presumed to, and in a measure do, cover the whole field of medicine. However, there are innumerable points of difference between the diseases of children and of adults. A systematic manual of children's diseases may then be used or one in which the subject is treated rather with a view of supplementing text-books of medicine. The work under consideration illustrates the latter principle. Pathology and systematic descriptions of symptoms therefore are rightly passed over with little reference, excepting in the cases of diseases purely infantile. The result is that in the space of a moderately small volume a very good account of the peculiarities of children, both as regards examination, symptoms, and treatment is embodied. The illustrations are excellent, and particularly those of the various types of idiocy. The author states on p. 108 that children with dyspnœa take the breast badly owing to the difficulty they have in holding their breath while sucking; but do they hold their breath while sucking? Certainly adults do not; they do, of course, while swallowing. On p. 204 the word *liker* is used for *more like*. We should have liked also a more systematic chapter on congenital syphilis. The book is well bound and printed, and can safely be recommended to students as well fulfilling the purpose indicated in its title.

AN ATLAS OF BACTERIOLOGY. By Charles Slater, M.A., M.B., etc., and Edmund J. Spitta, L.R.C.P., M.R.C.S.; The Scientific Press, Limited, 1898. Price 7/6 net.

This book is designed as the authors state in their preface as a work of reference for the Medical Officer of Health, and as a laboratory handbook for the student of bacteriology. It is in no

sense a text-book of bacteriology, but after looking through the really beautiful series of preparations here presented one feels that it is an almost necessary adjunct to any of the ordinary English text-books of the science.

The 111 photomicrographs which make up the atlas form together with the explanatory text a pretty complete introduction to the study of the pathogenic bacteria. The photographs have been reproduced by the half-tone process, and by the use of a very fine screen excellent definition has in most cases been obtained; even sections which never seem to come out really well by photography are here sufficiently good for all practical purposes. Another good point about these illustrations is that the bacteria are nearly all represented on the same scale, viz., a magnification of one thousand. Besides these cover-glass preparations there are many illustrations of colonies and tube cultures. In addition to the text accompanying each set of photographs, there are both bacteriological and photographic introductions explaining in the latter case the apparatus used, and in the former such points as classification of organisms, spore formation, flagella, etc.

Mr. Slater adopts the simplest classification according to shape, which at present is probably the best, and certainly the least confusing, though perhaps his definition of a streptothrix is not the one usually given.

The work as a whole is so excellent and the price of it is so low that it is to be hoped that a second volume may follow in which the authors will illustrate preparations of the more common saprophytes of air, soil, and water, and make good the few omissions in the present atlas.

HEALTH, LOSS AND GAIN. By M. A. Chreiman. Price 3/-. The Rebman Publishing Company, London.

The basis of this book is "A plea for the more definite and extended practice of preventive medicine," and the experience on which the author founds the knowledge which she thinks justifies her in dictating to the medical profession its duties as regards preventive medicine appears to have been gained in the supervising of remedial exercises. The style is most extraordinary, and the sentences of such remarkable construction that it is a matter of great difficulty to understand them. To carry out the author's suggestions an unfortunate medical man would have to fulfil in addition to his ordinary routine work, the functions of judge, statesman, and moral referee. Fancy, moreover, the entire British population submitting to periodic medical examinations. We fear that the author makes an erroneous estimate of the functions of the medical profession.

Examination News.

CONJOINT BOARD, OCTOBER, 1898.

First Examination.

Chemistry and Physics.—H. B. Cunninghame.

Practical Pharmacy.—A. C. Birt, T. S. D. Enderby, P. L. Hope, A. J. H. Iles,
J. C. F. D. Vaughan.

Materia Medica.—T. A. King.

Second Examination.

Anatomy and Physiology.—W. T. Harris, C. T. Holford, B. M. Sampson.

Third Examination.

Medicine.—*H. T. D. Acland, A. G. Graham, *C. Powell, *H. M. Scaping.

Surgery.—W. N. Heard, *T. Hoban, B. F. Howlett, W. E. Nelson, T. Perrin,
C. W. Pilcher, P. Garnons-Williams.

Midwifery.—H. R. Beale, T. L. Braidwood, W. W. Halsted, R. J. Harris, C. B.
Moss-Blundell, Y. Takaki, *W. H. Tucker.

*These gentlemen have completed the Final Examination.

ROYAL UNIVERSITY OF IRELAND, M.B., B.CH., B.A.O.

E. P. McLoughlin, with honours.

House Appointments.

The following gentlemen have been selected as House Officers from Tuesday,
6th December, 1898:—

House Physicians—

G. B. Thwaites, L.R.C.P., M.R.C.S. (extension); J. R. Charles, B.A., M.B., B.C.,
Camb., L.R.C.P., M.R.C.S. (extension); E. F. Buzzard, M.A., M.B., B.C.,
Oxon. (extension); H. D. Singer, L.R.C.P., M.R.C.S.

House Surgeons—

E. H. Cobb, L.R.C.P., M.R.C.S. (extension); A. C. Robinson, L.R.C.P.,
M.R.C.S. (extension); F. L. A. Greaves, L.R.C.P., M.R.C.S. (extension);
A. H. Greg, B.A., Camb., L.R.C.P., M.R.C.S. (extension).

Assistant House Surgeons—

S. O. Bingham, L.R.C.P., M.R.C.S. (extension); E. M. Corner, M.A., M.B., B.C.,
Camb., B.Sc., Lond., L.R.C.P., M.R.C.S. (extension); J. A. Barnes, L.R.C.P.,
M.R.C.S. (extension); J. E. Kilvert, L.R.C.P., M.R.C.S. (extension).

Obstetric House Physicians—

Senior—J. F. McClean, L.R.C.P., M.R.C.S.

Junior—R. H. Bell, B.A., M.B., B.C., Camb., L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Departments for Diseases of the

Throat—H. E. Hewitt, L.R.C.P., M.R.C.S.; W. E. Ambrose, B.A., Camb., L.R.C.P., M.R.C.S.

Skin—A. E. Stevens, M.B., Durh., L.R.C.P., M.R.C.S. (extension); H. M. Scaping, B.A., Camb., L.R.C.P., M.R.C.S.

Ear—W. J. Galt, B.A., Oxon., L.R.C.P., M.R.C.S. (extension); H. T. D. Acland, L.R.C.P., M.R.C.S.

Clinical Assistant in the X Ray Department—

G. J. Arnold, F.R.C.S., Eng., L.R.C.P.

St. Thomas's Hospital Gazette.

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VOL. VIII.

Medical and Physical Society.

Introductory Address by the President, H. G. TURNEY, M.D.

(Concluded).

I WILL now, with your permission, leave these isolated deceivers for a time, and call your attention to certain men, who, not being themselves necessarily quacks, either laid the foundation of a school of false medicine, as for example Hahnemann, or on the other hand like Mesmer took advantage of certain facts of nature, which could be applied to their own fraudulent ends. To take Mesmer first: we shall find that the weapons which secured him a gigantic success were of a somewhat complex nature. Though the phenomena of hypnotism or mesmerism had been known for many centuries before his day, still the knowledge had been limited to the few, or at all events had become popularised only for a short time, to sink back again immediately into its original obscurity. Mesmer rediscovered these phenomena, and they indeed formed for him a most powerful armamentarium.

But if he had offered these as simple physical facts to the Parisian public of that day, their interest would have been but feebly excited. Something was required beyond, and that something Mesmer supplied in the form of mystical and semi-mystical explanations. These wonderful powers were derived, he said, from his control of a mysterious fluid which pervaded all nature both organic and inorganic, its chief reservoir however being the human body. As this fluid controlled all the processes of the body, (if it were not the life itself), upon its presence in proper amount depended the question of health or disease. Mesmer had an unlimited supply of this fluid which he was able to distribute as he pleased. To still further clinch the matter and enlist the popular belief, he called this fluid animal magnetism. This was a master-stroke. If there is one thing that draws the public, and has drawn it through all ages it is the magnet as a curative agent. Even in the fourth century magnets were worn for the relief of pain: in the twelfth century they cropped up again, and if time allowed many more instances could be given. It is not surprising that the mysterious invisible force of the magnet should interest, and I believe myself that the application of it to healing purposes, may be regarded as an instance of those false analogies which I dealt with a little while

ago. The magnet draws iron—and so why should it not draw pain? The patient carries a magnet in his pocket to give it a trial—his rheumatism gets better—and the reputation of the magnet is established. But to return to Mesmer.

The rooms in which he carried on his treatment were as sumptuously fitted up as those of Graham: a dim light, walls hung with mirrors and heavy drapery, the floor covered with thick carpets, the air loaded with aromatic odours, and bearing with it faint strains of music—these were surroundings fitted to make the least imaginative beings more susceptible to the mysterious influence. In the middle of the room was a large covered tub, from the top of which projected in a radiating fashion a number of metallic rods to which cords were sometimes attached. The tub was charged with magnetic fluid by Mesmer, and the rods served to distribute the healing influence. The patients stood or sat rank behind rank, and hand in hand, while Mesmer clad in robes of Eastern appearance at times walked round, and by his personal touch charged the less impressionable among his clientèle. Soon first one and then another began to cry, to twitch and finally to struggle in convulsions on the floor, until at length the place became a pandemonium of shrieking women. Mesmer charitably magnetised a tree in a Parisian boulevard for the benefit of the poor, and similar scenes went on around this. A Royal Commission was appointed to discuss and decide upon the value of Mesmer's methods. Their verdict was adverse, but the craze had to run its course, and it was seven or eight years before Mesmer left the town discredited and cursed by the whole population. Before this, however, no less a sum than half a million francs had been got together for him by public subscription. He lived in obscurity till 1815. The Marquis de Puysegur, possibly an honest man, and certainly an enthusiast, soon after Mesmer's epoch discovered that it was possible by Mesmeric influence to send people not into convulsions but to sleep, and that the effects were more satisfactory. He carried on the magnetic twaddle just as Mesmer had done: a tree in his native village was magnetised and thousands of people resorted to it. After this the whole cult was knocked on the head by the excitement of the French Revolution, and the war with England, only to be revived by Braid in this country in 1843, but this time without the element of superstition and dishonesty.

I have been in much doubt as to the claims of Gall and Spurzheim to a place in this noble army of quacks. At all events, though they were both honest and learned men, they were the founders of a grossly unscientific system—that of phrenology—which in the hands of most of its professors has become undiluted quackery. Fortunately it is now practically dead.

Phrenology enjoyed an extraordinary vogue during the earlier half of this century; societies were formed in most of the chief towns both of Europe and America. Many distinguished men associated themselves with the movement; amongst others, Braid the able investigator of hypnotism, and Elliotson, a predecessor of my own on the staff of St. Thomas's Hospital. Between mesmerism and phrenology the latter came to utter ruin.

I have now to ask your attention to a system which has attained a greater growth and shown a more tenacious vitality than any other in history. The system to which I allude is that known as homœopathy.

Hahnemann, the founder of the creed, was like the author of other superstitions, a man of scientific attainments and of great natural ability. I believe too that he was in the main honest—at all events for the great part of his life. Like so many other scientific theorists, Hahnemann was a German. He was born at Meissen in the year 1755, his father being a poor porcelain painter of that place. Even in his earlier years—his school days—he was a most energetic worker, and had already made himself a reputation before, at the age of 20, he joined the university of Leipsic. His natural bent towards medicine soon showed itself, and in the year 1779 he was admitted to his doctor's degree at Erlangen.

In 1790 from some observations on the effect of quinine upon himself, he promulgated the dictum "*similia similibus curantur*" "*like cures like*"—a supposed principle not unknown to Paracelsus. According to his principles it was absolutely necessary that he should prepare his medicines himself. And now his troubles began. The apothecaries rose up in arms against him, or at all events put the law into action, and he was driven from Leipzig. His changes of residence during the next few years were numerous, and not worth following. But all this time he was developing his system and proving drugs with the assistance of a band of young men who had ardently taken up his views. In 1810 he published his "*Organon der rationellen Heilkunde*"—the sacred book of Homœopathy, and by the following year the new system had become a fashionable craze. From this time forth Hahnemann's practice and fortunes rapidly increased, though he still found it at times necessary to change his abode. In 1835, at the age of 80, he remarried. His wife, a young Frenchwoman, took him to Paris where he died eight years later, a millionaire.

Let us now look at the system he founded, and the principles upon which it is based.

In Homœopathy there are two fundamental principles which should be considered as quite independent of each other.

The first of these is that known as "*similia similibus curantur*."

The second is that of infinitesimal dosage.

The line of argument underlying the first may be summarised as follows.—

- (1) Every disease consists of some invisible change working within the body, and displaying itself to us by a certain set of symptoms. The symptoms being cured, the disease disappears, for it only exists for us by its symptoms.
- (2) The natural method of cure is by the supervention of a similiar disease (or set of symptoms) strong enough to neutralise or overpower the first. Dissimilar diseases can only mutually aggravate each other.
- (3) Nature in this way points out to us the line medicine should take. Let us give a medicine which can produce the symptoms of a particular disease in a healthy person, and that will cure the natural ailment in question. Moreover the method is superior to that of nature, for it acts at once, and without the drawbacks of nature's remedies.

The first step then for the establishment of a Homœopathic pharmacopoeia, is to ascertain the exact symptoms produced on the healthy by every conceivable substance. Then comparing these with the symptoms of various diseases, the appropriate remedy will declare itself. And it was this "proving" as it is called to which Hahnemann assisted by his pupils devoted himself for the rest of his life. I have no time to go into the details of these provings, but I will give one or two examples of the results. Pulsatilla was found by Hahnemann to produce 279 different symptoms, but he was out-done by Jahr who found 1153. A harmless substance like carbon was credited with most extraordinary powers both over mind and body. As a natural corollary to the first Homœopathic law comes the rule that medicines should be given singly and in a state of absolute purity. Obviously if you can get 1153 symptoms from one drug, any impurities will make things rather complicated. The second great Homœopathic principle is infinitesimal dosage, and the theory upon which it is founded is the following :—

Medicinal substances are not simply dead matter as is commonly supposed, but owe their properties to an immaterial essence which is simply clogged by the matter to which it is attached. Now this immaterial essence, which contains all the virtues of the drug, may be set free—released from its material chains—by any process which reduces its baser part to a fine enough state of division. Such a fine state of division may be produced either by mixing a solid (Titration) with an inert substance (such as sugar of milk) or by bringing it into a state of dilution. And so, since the greater the

degree of dilution, the less is the vital principal hampered by its material bonds, it follows that the weaker the solution the stronger is the medicine. For example—we take a grain of quinine, and rub that up with 99 grains of sugar. Taking one grain of this last we rub that up with another 99 grains of sugar. This gives us what is called the 2nd dilution. You will see that one grain of this contains $1/10000$ th of a grain of quinine. These dilutions are carried on in this way up to the 30th. It has been calculated that by the time one got to the 13th or 14th dilution one would have to eat the weight of the whole solar system in sugar to get one grain of the active ingredient. I would impress upon you again, that the second dilution is stronger (according to the Homœopath) than the first, the third than the second, and so ad infinitum. In fact Hahnemann during the latter part of his life found it sufficient for his patient to take one sniff at a bottle containing a globule impregnated with an active principle. Such is Hahnemannism. I could give you many examples from his writings and those of others, to prove that the version I have just given of his views is no unfair one. The system has been well described as expectancy plus mysticism. An now to consider the justification or otherwise first of Homœopathy in the time of its founder, secondly of Homœopathy of the present day.

Without defending for a moment the absurdities into which Hahnemann fell, we must make great allowances for the time in which he lived—a time when on the one hand mysticism was rampant, while on the other science and particularly the science of medicine was only just emerging from centuries of darkness. Already the more thoughtful members of the profession were revolting against the pernicious medical treatment under which patients were bled, cupped and blistered indiscriminately, were forced to take large quantities of depressing drugs or—what was almost as bad—complicated mixtures of unknown action. Many of them had arrived at a state of therapeutical pessimism, in which they felt it safer to do nothing. But we all can see that in medicine a declared nihilism is impossible. Hahnemann realised this, and obviated the difficulty in two ways: first by giving medicines, but absolutely inert ones, secondly by irradiating the whole system with a kind of mysticism which appealed to the public then even more than it does now.

But while we make these allowances for Hahnemann, we must not forget that such grotesque beliefs as his had no right to exist in a scientific man of a century ago. It is to the honour of the medical profession that from the very first its face has been steadfastly set against this system. If the men of that age could see its absurdities, why could not Hahnemann and many others, who were

at least as highly educated. But what is to be said of the scientific Homœopath of to-day? His position is indeed difficult to understand. The purely symptomatic treatment of disease a hundred years ago is at least comprehensible, for practically nothing was known of the causes of disease. But what is to be thought of the man who professes it now—who gives belladonna in scarlet fever because it like scarlet fever produces a sore throat and a rash. And how about the infinitesimal dosage, and the mystic principle that underlies it? What are we to think of his common sense if he still professes these beliefs? For years past, so far as I know Homœopathy has made no serious attempt to justify itself with the profession, for even the attempt at the present day would be an anachronism. Do not be misled by the idea that Homœopathy and Allopathy are rival systems. There is no system of Allopathy. It is a term invented by Homœopaths to confuse the position. The so-called allopath has no system of treatment: he claims the right to use for his patients any and every method which he believes will be of service. Homeopathy is undoubtedly dying out, but is still far from dead. A year or two back the number of Homœopathic practitioners in the British Isles was 300, and as you know there is a Homœopathic Hospital in London. In America it flourishes; there are no fewer than 11,000 practitioners in the United States, fifty-one hospitals, twenty-two journals, but as a reality it is said by authorities there to be dead and only the public-attracting label remains.

And now I find myself almost at the end of my time, and very nearly, I am afraid, at the end of your patience, without having touched upon the quack of to-day. My reference to him will necessarily be very brief. But before coming down to his very common-place level I must say a few words about two developments on a large scale, which have come very prominently before the public in the last few years. The first is a bold attempt to continue the charms of homœopathy and electricity. It is fathered by an Italian gentleman named Mattei, who is said to sleep in a moated castle with a drawn sword by his side, for fear some infuriated doctor should kill him.

His remedies include three kinds of electricity, red, blue and green. The electricities appear to the naked eye like pure water, and the most elaborate investigation has failed to prove the presence of anything else. I need not say that there is and can be no trace of electricity about them. Then he has other remedies named anti-canceroso, anti-scrophuloso, etc., which are in the form of globules, and profess to cure cancer, scrophula, and in fact every other disease internal or external. As the fluid electricities appear to be nothing but water, so the anti-canceroso group have not been

found to contain anything more alarming than sugar. But all the same an enormous trade has been done in them, and so far as I know, still flourishes. The other system of cure is based on various so-called electric appliances, and a few years ago figured largely in the law-courts. Of the ordinary patent medicine vendor I need say little: he of course is a fraud, but his ways are comparatively harmless. If silly people choose to throw away their shillings for nothing they have only themselves to thank for the loss, and little evil results. A wise quack (and the quack always is wise according to his lights) will choose his sphere of action in one or two directions; he will take some extremely common but comparatively trivial disorder, such for example, as dyspepsia, or on the other hand he will select some notoriously fatal disease, such as cancer, and in either case will undertake a cure. If he choose the first his remedy must be at a fairly low price—it must in fact appeal to the million, and in many cases great is his reward. If, however, he choose the higher flights of the profession, and becomes a cancer or consumption curer, his constituency must naturally be much more limited; a large proportion of his dupes have been told the truth by a medical man, and then go to the quack on the off chance. But if the cancer curer's patients are comparatively few, his prices are proportionately high, and not seldom riches and honour await him.

Gentlemen, my task is now done, I have endeavoured to show you the quack as a study in development, and I shall feel that I have succeeded if you realise that the tribal medicine-man is in all essentials the same as the quack-adviser of to-day, and that from one to the other there has been a sort of apostolic succession. Both alike can live only in an atmosphere of superstition or credulity, and credulity is but a slightly enlightened superstition. The spirit of an earlier age has become a bottle imp, kept in by a cork, and certified by a government stamp at the retail price of thirteen pence half-penny. Superstition on the one side, cupidity on the other, form the life elements of the system.

The Amalgamated Clubs.

THE Annual General Meeting was held on Tuesday, November 29th, in the Medical Theatre. For some weeks before the meeting it was known that there would be a strong attempt to introduce drastic reforms in the club management, and as a result the theatre was packed to its utmost capacity.

The President, Mr. Makins, occupied the chair. The formal business of reading the minutes of the last meeting and passing

the accounts was got through without difficulty. The following gentlemen were then elected as representatives for the year :—for the fifth, Mr. H. T. D. Acland; for the fourth, Mr. H. R. Bateman; for the third, Mr. J. J. Armitage; and for the second, Mr. S. Bazalgette. Mr. McClean, the retiring member, was elected auditor for the ensuing year; his duties, however, would be very light as the work is done by chartered accountants.

The President then invited any remarks from the meeting. Now was the critical time, and the audience rose to the occasion. Amid great excitement, buoyed up by encouraging shouts of "Go it Peter," and the stamping of many feet, Mr. Twort arose and delivered the most impassioned oration that the Medical Theatre has witnessed for many a long day. We would that we could do justice to Mr. Twort's speech, but fear we cannot. A verbatim report could not reproduce the gestures, the pathos, nor the righteous indignation which reduced his audience at one moment to tears (almost), at another to such a pitch of frenzy that it is a wonder that the caterer, the club and all that in it is, are not reduced to ashes. Mr. Twort's indictment was heavy, but as far as we can see comprised three main charges—(1) that the club was grossly mismanaged as evidenced by a large proportion of the dishes being "off" by 12.30, by the hot joints being cold, the hot plates cold, and the cold plates warm; (2) that the quality of the food was inferior—catsmeat according to one; (3) that the quantity per portion was too small and with that the prices too high. All these causes together were driving many men away from the club.

Mr. Twort was at his best when considering the third charge. He had made extensive researches into the price of food with the result of proving to his own satisfaction that the caterer made profits of 700 and 500 per cent., and generally speaking a total net profit of 400 per cent. on all business. With a gesture of supreme scorn, and amid breathless excitement, Mr. Twort produced a penny roll from his pocket—howls of derision greeting its appearance. It was cast among the audience, who executed summary vengeance on it, doubtless by devouring it. An ingenious argument then followed, in which Mr. Twort contended that the students' meals were guided solely by their pockets, so that if a man could afford a shilling for his lunch he would still spend a shilling if the prices were reduced, taking more courses, and that this of itself would recompense the caterer for the slight loss entailed by lowering the prices. Mr. Twort's researches had enabled him to discover two competent individuals, either of whom would be willing to take over the club, and to supply large portions of the best of everything at very low prices.

Finally Mr. Twort, in a voice shaking with emotion, implored all

present to "gather one and all unto him" that these evils should be redressed. We shudder to think of what might have happened if there had been any more gathering, for the theatre was packed like a sardine box. However, the gatherers met this sally with uproarious applause. The resolution proposed was to the effect that the present caterer should be dismissed at not more than three months' notice.

The president then remarked that the resolution as proposed would be useless inasmuch as the club had no power to dismiss or engage a caterer, such power resting with the school committee.

Much discussion followed in which Messrs. Waters, Clark, Harris, Graham, and others joined, and at last the meeting grasped the fact that the best plan would be for a few chosen representatives to meet the school committee to express their grievances. Many resolutions were flying about, but the confusion was dispelled by the suggestion that the resolution should be put down in writing. There was a hurried demand for a pencil, and after a subdued hubbub in one corner the following document was evolved—"That this meeting desires to express their great dissatisfaction with the catering of the club and would desire that the school trustees be asked to meet three members with a view to ascertain their grievances." The resolution was then proposed by Mr. Twort, seconded by Mr. Waters, and carried practically unanimously. The following gentlemen were then elected as representatives—Messrs. Graham, Twort and Braidwood.

The president then gave a brief outline of the history of the club tracing it from its commencement twenty-five years ago when it was in the hands of Messrs. Spiers and Pond who had, however, given it up after six months. Since then it had passed through many vicissitudes, and so far as could be ascertained none of the caterers had been able to make much out of it. As regarded the food, the President thought the case had been overstated, for he himself had always found it eatable. The meeting closed with a vote of thanks to the chairman.

In Fighter Vein.

The Mathematics of Poetry.

DEAR SIR,

Living as we do in a scientific age, which not only influences in a profound degree our attitude towards things medical but has rendered even such subjects as poetry, music and art, in which we may once have taken delight, now only of interest in so far as they are able to fulfil the requirements of a mathematical

exactitude, I am venturing to encroach upon the space of your valuable columns to point out how we still have in poetry at least a very large amount of material, which is capable of satisfying in full with regard to this very mathematical accuracy the demands of even the most critical and exacting intellect.

And I hope that I may hereby re-open for some what must have become to them closed books on account of the apparent impossibility of rendering into precise and intelligible terms the truths that lie hidden therein.

All thinkers must feel indeed that by such means alone can we ever hope to pluck but one feather from the plumage of the Great White Bird or succeed in even partially drawing aside the purple veil that separates us from that eternity of astronomical mathematics which await us all.

But just as the pathos of Beethoven, and the wonderful chiaroscuro of Rembrandt or even the cruder eccentricities of the lark's song, or the thousand glories of the dying sun have each in their turn yielded their hidden secrets to the analytic method, so also now is the realm of poetry being invaded, and the reduction of poetry into correct mathematical expressions is at last placing within the grasp of exact science what was once vague, intricate and obscure.

My space is here too limited to dwell upon the extent to which such a process is possible, or to point out how far much of Shakespeare's finest writing is directly deducible from the binomial theorem, or again how large a part quadratic equations have played in much of the best that has been written within the last century.

Let me conclude therefore by appending but two instances of the kind of poetical writing to which I refer, chosen especially to demonstrate from their mathematical, and therefore their poetical simplicity, the convertibility of form between the two types of expression.

It has been argued by some that the more delicate shades of feeling do not lend themselves to mathematical expression, but here in the one example, we have, in a light love sonnet, a highly complex state of feeling represented, which is yet directly reproducible in pure mathematical form as an example of simple ratio, while in the other—a lover's prayer by the anonymous author "X" in the *Westminster Gazette*—a still more complex example is similarly treated.

(1) *Poetical version.*

Oh ! be to me as others are,
And I will be to thee,
As thou hast been to others
But shalt remain to me.

Then we will be to others
 As they have been to thee,
 So as thou art to everyone,
 Be ever love to me.

Then let us be as others are,
 And thou shalt be to me,
 As thou art now to others,
 And I have been to thee.

So I and all the others
 Will then remain to thee,
 As I have been to everyone,
 And thou art still to me.

Z.

Mathematical version.

(Let A=thou and B=I. Let O=others.)

Let $A : B :: O : B$

then $B : A :: A : O$

$:: A : B$

then both A & B : O :: O : A

So $A : O :: A : B$

Again let A : B

and $B : A :: O : O$

then $A : B :: A : O$

$:: B : A$

So A or O : A :: B : O

$:: A : B$

(2) *Poetical version.*

Be not so fair, sweet eyes,
 Or heart be fairer far,
 O eyes that put her heart to shame
 That her heart's ways no fairer are,
 Be not so fair or being fair, be thou, O heart, the same.

X.

Mathematical version.

(Let E=eye. F=fairness of E. H=heart.)

Let $E < F$

or let H considerably $> F$

For at present $\frac{E}{F} > \frac{H}{F}$

So let $E < F$

or if $E = F$

Let H at least $= F$

From these two examples, the method will, I think, be clearly seen, and hoping the matter may prove of some interest to your readers.

I am, dear, Sir,

Yours, etc.,

Z.

In Memoriam.

WILLIAM STOKES GRIFFITH, M.A., M.B., B.C.
CANTAB., F.R.C.S.

It is with deep regret that we record the loss of this keen surgeon and old St. Thomas's man, who died recently of phthisis at Kimberley, S. Africa. Unknown, except by name, to the latest generation of students, he was both known and endeared to their immediate predecessors.

His professional career was a long struggle of an almost too active mind against the disabilities of bodily ill-health. Up to the full limits of his strength he always worked, and dearly enjoyed the labour. Hospital practice was his delight, and it was with great regret that he resigned the post of Senior Resident Medical Officer to the Royal Free Hospital. Here he had gained the same affection and esteem from his colleagues that had previously been his as House Surgeon to St. Thomas's. He left for South Africa as a convalescent in 1894, but as soon as strength allowed resumed work, and, for a long time before his final illness, was Senior House Surgeon to the Kimberley Hospital. His always original and enquiring mind found full scope among the diseases of the native vases. It was a pleasure to read his descriptions, coloured by his rich Irish humour, of the difficulties he had to contend against. It will be a satisfaction to his friends to know that, though far away, he was surrounded and nursed in his last illness by those dearest to him.

HERBERT URMSON SMITH, M.D., LOND.

We regret to have to announce the death of Dr. Herbert Urmson Smith, which occurred unexpectedly in London on November 20th. Dr. Smith entered St. Thomas's in 1873, and became one of our most brilliant students. In 1877 he obtained the Scholarship and Gold Medal in Medicine, and first class honours in Obstetric Medicine at London University. He was awarded the Cheselden Medal in 1877, and held the appointments of House Physician, House Surgeon, and Resident Accoucheur.

Hospital News.

DR. W. S. COLMAN has been elected Assistant Physician to the Hospital. We congratulate him and wish him every success in his new work at St. Thomas's. Dr. Colman holds the appointment of Assistant Physician to both the Queen Square and Great Ormond Street Hospitals; we understand, however, that he is resigning both.

Mr. Makins has been formally appointed full Surgeon to the Hospital.

At every annual meeting of the Amalgamated Clubs one meets with the same old grievances, this year, however, on a larger scale than usual. It is quite obvious that there is a strong feeling of dissatisfaction among the students, for which there must be some grounds. Although we do not by any means wish to defend the present management in all its details, for without doubt many improvements might be effected, nevertheless we think that the evils were greatly exaggerated. It is to be hoped that the School Committee may see its way to render effectual the improvements suggested by the representatives of the Amalgamated Clubs. At the same time we would like to point that the School is under a great debt of gratitude to the present members of the Staff who, at a heavy annual cost, undertook to provide the means to build the present Club.

We wish a speedy recovery to Dr. Cory, who is at present warded in Small Florence with asthma.

"Psittacus, Eois imitatrix ales ab oris,
occidit."

Active steps are being taken to prepare the City of London Ward for reception of patients; electric light is being installed and the floor re-laid. It will be a good opportunity to fix suitable brass hooks in the walls for the notes, as was done in the new Adelaide Ward, in place of the present wire abominations.

We are glad to see that B. S. Wills has been especially mentioned for his conduct at Brass in the recent Nigeria fighting. Mr. Wills entered St. Thomas's as recently as 1892.

Everybody sympathises strongly with Sister Charity, Miss Still, who is warded with enteric fever. With every precaution it is impossible always to prevent spread of infection, and the nursing staff are so much exposed to it that it is a wonder more cases do not occur. We hope it may be a mild and short attack.

The Obstetric Department has been trying to discover a method of working the district for the next three months. With a rota of obstetric clerks containing only two names it will be difficult to attend to some 700 cases. With the help of two midwives from the York Road Lying-In Hospital, and that of two energetic clerks in Adelaide, the work of the district has been carried on up to the present, though it has been a time of great tribulation to the Obstetric Residents. The Treasurer and Almoners have decided to allow thirty shillings a week as an equivalent of board and lodging to any student who has done his cases, and is willing to go on duty again. We hope that a sufficient number of students will come forward to render it unnecessary to call in further assistance from outside.

To all and everyone we wish a Merry Christmas and a Happy New Year !

Football News.

ASSOCIATION.

FIRST ELEVEN *v.* BARNES.

The above match was played at Barnes on Wednesday, November 9th. Barnes scored once off a corner-kick in the first half, and this proved the only goal scored in the match, thus leaving the home team victorious by one to *nil*, after a close game. St. Thomas's Hospital: O. Mills, C. Wheen, S. Bazalgette, T. W. Paterson, Gilbert, Raby, B. M. Sampson, F. Bawtree, R. H. Allport, C. Wright, T. Bennett.

SECOND ELEVEN *v.* ST. MARY'S HOSPITAL.

Played at Chiswick on November 16th. St. Mary's proved to be much the stronger team, and finally won by seven goals to *nil*. Gilbert and Chaser were the pick of the Hospital team.

SECOND ELEVEN *v.* CHRIST COLLEGE, FINCHLEY.

Played in very bad weather on November 23rd at Finchley. The ground was little better than a ploughed field. At half-time the College led by one goal to *nil*, and in the second half added three more, winning by four goals to *nil*. The game was concluded in the dark.

SECOND ELEVEN *v.* BEVERLEY OLD BOYS.

Played at Chiswick on Saturday, November 26th. The Hospital had much the best of the game throughout, and won by four goals to one. Owing to a break-down of the referee's watch, less than twenty-five minutes were played in the second half.

RUGBY.

FIRST FIFTEEN v. KENSINGTON.

Played at Chiswick on November 5th, and resulted in a win for Kensington by five goals to *nil*. The Hospital was outclassed behind, the opposing outsides showing some of the best combination we have seen this season. The Hospital forwards were perhaps slightly better than their opponents; but they were seriously handicapped by the loss of James, who was injured shortly before half-time.

Team :—Back, H. Wheelwright; three-quarters, L. F. Hanbury (captain), H. M. Harwood, S. O. Bingham, and S. Pern; halves, H. R. Bateman and A. D. Jameson; forwards, A. E. Martin, H. T. James, T. W. Downes, G. H. Latham, H. Z. Stephens, R. J. C. Thompson, A. W. Jones, and J. F. Cunningham.

FIRST FIFTEEN v. BEDFORD.

Played at Bedford on November 12th, and resulted in a win for Bedford by five tries to *nil*. In the first half play was principally in our opponents' half, and Thompson got over, but was unable to touch down. Bedford scored twice in the first half. In the second half our opponents scored three times, none of their tries being converted. Just before time Jameson got over after a good dribble but was ruled over the dead ball line. Wheelwright did some clever saving at back.

Team :—Back, H. Wheelwright; three-quarters, L. F. Hanbury (captain), H. G. Pinches, C. Bernays, and R. J. C. Thompson; halves, H. R. Bateman and A. D. Jameson; forwards, B. G. Patch, T. W. Downes, G. H. Latham, H. Z. Stephens, A. W. Jones, J. M. A. Olivey, J. Little, and J. F. Cunningham.

FIRST FIFTEEN v. ROSSLYN PARK.

Played at Chiswick, on Saturday, November 19th, and resulting in a win for our opponents by a goal and two tries to *nil*. Our opponents scored once in the first half of the game, being chiefly of a scrambling nature.

Early in the second half, Cobb scored from a scrum in our twenty-five. The last try was scored by Kendale, who got the ball from a line out close to his own goal line, and after running the whole length of the field scored behind the posts. Our outside tackled well, but had not many chances of attacking. Forward the team were not so well together as usual, and the marking out of touch left much to be desired. Martin, Patch and Downes were the pick of the forwards.

Team—H. Wheelwright (back); L. F. Hanbury (Capt.), E. W. Browne, H. M. Harwood and H. G. Pinches (threequarters); H.

R. Bateman and A. D. Jameson (halves); A. E. Martin, H. T. James, B. G. Patch, T. W. Downes, G. H. Latham, H. Z. Stephens, R. J. C. Thompson and J. F. Cunningham (forwards).

FIRST FIFTEEN v. R.I.E.C.

Played at Egham, on Wednesday, November 23rd. We were unable to bring down a full team, but were supplied with two efficient substitutes. During the first half, the game was evenly contested, and no scoring resulted. During the latter part of the second half our opponents scored twice, one of the goals being converted. The match was one of our best this year, the outside play was much better than usual, and the forwards did hard work.

Team—Y. Takaki, (back); L. F. Hanbury, R. H. Bridges, S. Pern and T. W. Downes (threequarters); H. R. Bateman and H. Wheelwright (halves); R. J. C. Thompson, H. Z. Stephens, T. S. Taylor, Seymour, J. Little, *J. Robinson, *Hope and J. F. Cunningham (forwards).

* Substitutes.

SECOND FIFTEEN v. LENNOX "A."

Played at Chiswick on November 12th, and won by Lennox after a good game by one goal two tries to one goal one try. Tries by Pern and West; Goal by Browne.

Team:—Back, Gilks; three-quarters, Browne, Pern, Bridges, West; halves, Acland and Fry; forwards, Taylor, Latham, Takaki, Chauncy, Rawes, Birt, Weeks, Hutchinson.

SECOND FIFTEEN v. HAILEYBURY "A."

Played at Haileybury on Saturday November 19th. We were only able to raise a weak team to play against the School and were beaten by four goals one try to one try. Our try was obtained by West.

Team:—Back, Gilks; three-quarters, S. Pern, H. R. Bridges, H. A. West, Birt; halves, L. Rawes and Parsons; forwards, T. S. Taylor, H. Little, C. H. Latham, G. Seymour, Y. Takaki, H. A. Shipman, Perrin.

SECOND FIFTEEN v. BARTS "A."

Played on Saturday December 3rd, at Chiswick. We began to attack as soon as the game started, and before half-time had scored a goal and a try to *nil*. After changing ends, play ruled even for some time, but the halves getting the ball out smartly on several occasions we scored four times and eventually were left winners by two goals four tries to *nil*. Tries by West (4), Pinches (2). Goals by Pinches.

Team :—Back, C. M. Bernays; three-quarters, H. A. West, H. G. Pinches, S. Pern, H. R. Bridges; halves, Wheelwright and A. D. Jameson; forwards, T. W. Downes, A. W. Jones, J. M. A. Olivey, G. H. Latham, C. H. Latham, T. S. Taylor, A. Little, H. A. Shipman.

Books for Review.

SYLLABUS OF MATERIA MEDICA. By Drs. Harvey and Davidson. Revised by Wm. Martindale. Tenth Edition. Messrs. H. K. Lewis, London. Price 1/-.

The tenth edition of this handy little work is of course based on the new British Pharmacopœia. Doses are given in the metric as well as in the Imperial system. Inasmuch as the drugs are taken not in alphabetical order but according to class, botanical species, &c., an index is added for convenience of reference.

From Messrs. Cassell & Co. we have received specimens of Letts' Medical Diaries, which seem admirably fitted for the purpose they are destined to fulfil. They contain much useful information, such as addresses of nurses' institutes and homes, postal regulations, &c. The edition in French morocco, interleaved for 108 patients, is especially to be recommended.

Correspondence.

To the Editor of the ST. THOMAS'S HOSPITAL GAZETTE.

DEAR SIR,

The Annual General Meeting of the "United Hospitals Rifle Association" will be held in the Smoking Room of St. Bartholomew's Hospital, on Wednesday, January 25th, 1899, at 5 p.m.

It is hoped that members of the Metropolitan Hospitals interested in shooting will urge their clubs to join the Association in the coming year.

The following Hospitals have belonged to the Association for varying periods :—St. Thomas's, Guy's, Charing Cross, The London, King's College, St. Bartholomew's, St. Mary's, St. George's, University College, and it is to be hoped that some of these will re-join the Association, as at the present time there are only four hospitals belonging to it.

At the General Meeting each Hospital in the Association has two votes for the election of officers for the year, also concerning the alteration of such rules as may be deemed necessary for the welfare of the Association. The Hon. Sec. will be pleased to receive entries of any hospitals not at present in the Association, also he will be pleased to forward to the Secretary of the Shooting Club of any hospital a copy of the revised rules of 1898, and such other information concerning the Association as he may require.

WALTON R. READ, *Hon. Sec.*

St. Bartholomew's Hospital, E.C.

Examination News.

UNIVERSITY OF LONDON, OCTOBER, 1898.

M.B. Pass Examination.

Second Division.—S. H. Belfrage, L. Gilbert, H. E. Hewitt, H. D. Singer.

M.B. Honours.

Medicine.—H. D. Singer (3rd Class.)

Forensic Medicine.—L. Gilbert, H. E. Hewitt, H. D. Singer (2nd Class.)

B. Sc. Examination.

First Division.—W. H. Harwood-Yarred.

ROYAL COLLEGE OF SURGEONS.

Primary F.R.C.S.—A. M. Collicutt, B. S. Jones, G. I. T. Stewart.

Final F.R.C.S.—W. Stuart Low, A. W. Sikes.

House Appointments.

Messrs. E. A. Gates and H. N. Goode have been appointed Clinical Assistants in the Electrical Department.

THE
ST. THOMAS'S HOSPITAL
GAZETTE.

VOLUME IX.

1899.

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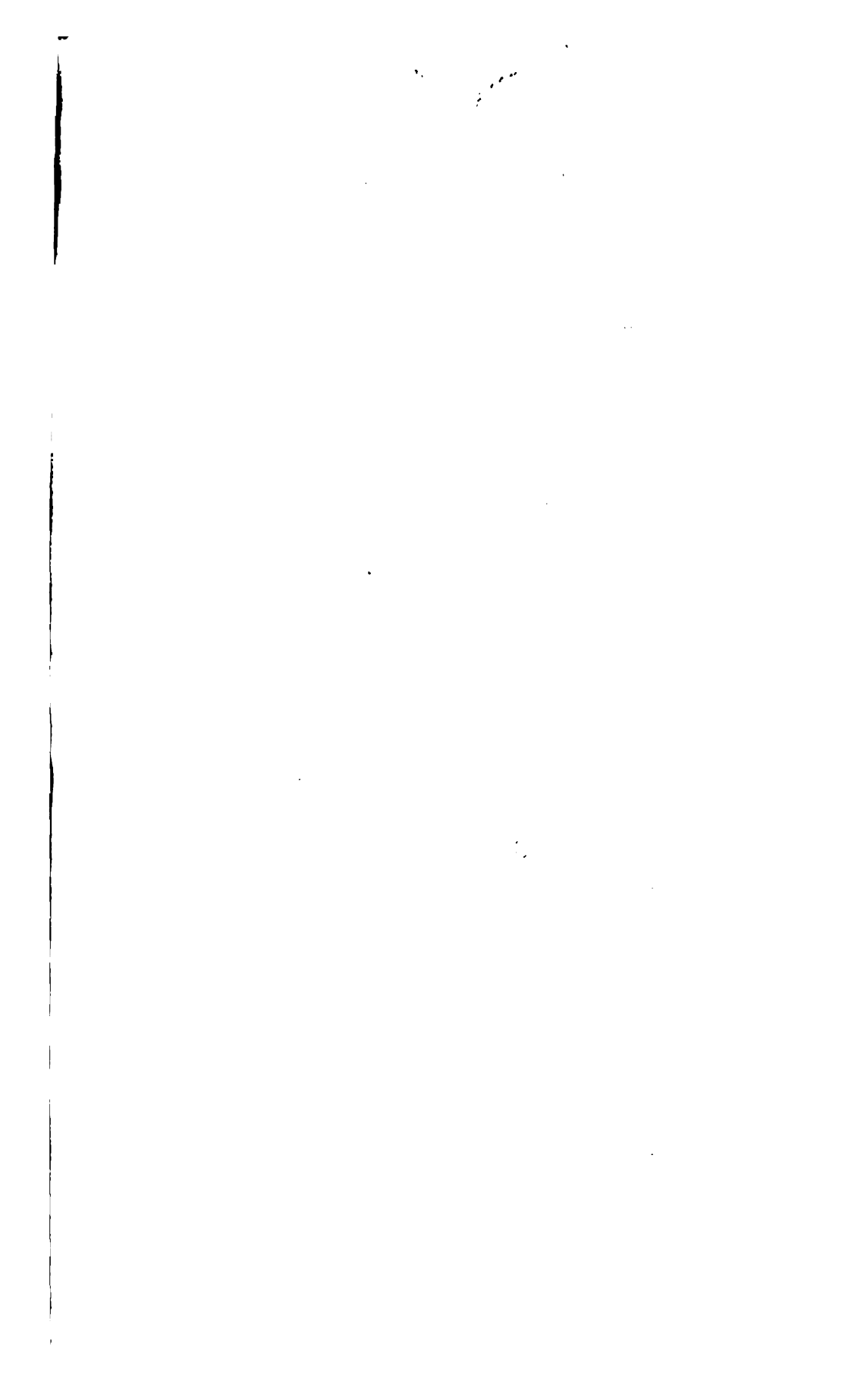
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DR. WHARTON.

St. Thomas's Hospital Gazette.

No. I.

JANUARY, 1898.

VOL. IX.

Our Present Surgical Technique.

FIRST as regards the preparation of the patients for operation.

When the operation is a major one and time permits, the intestinal tract is cleared out with castor oil on the night but one preceding the operation, and an enema is given on the following morning and on the morning of the operation. This permits of the patient having an undisturbed night before the day of his trial.

Should the time for the operation be in the afternoon, breakfast is given in the morning at the ordinary time, and this is followed about 11 a.m. with some hot broth, after which the patient has no food.

The next item is the preparation of the skin. Over this subject much war has been waged and much ingenuity expended. The two rival schools may be termed the soap and water party and the soap and water plus chemicals party. I think that it will be admitted even by the most rabid chemical partisan, that even with the most rigid application of antiseptics the skin cannot be rendered uniformly sterile. It has yet to be proved that better results are to be got from the chemical methods than from the soap and water treatment, when all the errors due to the introduction of chemicals into the culture media, and to the testing of isolated portion of the skin, and judging that the skin is sterile because a minute portion of it yields no growth, are eliminated. More will be said on this point when the cleansing of the hands is spoken of.

The chief reliance is here placed on the cleaning of the skin by what may be termed the domestic method. In the first place all patients that are able have of course their daily bath. In addition to this when the site of the operation is determined, and this is settled in the great majority of cases on admission, the preparation of the skin begins.

If the part is hairy it is shaved, and the patient in his daily bath is instructed to wash this part particularly carefully with soft green potash soap. This is of great moment in Hernia, varicocele, and operations near the genito-urinary organs.

The shaving and the repeated soapings remove all the loose superficial epithelium which in these parts tends to collect, as its removal by friction is prevented by the hairs that cover it.

On the morning of operation the final touches are given. The patient has his bath, and is then put back into bed with clean linen and body coverings. The skin is again shaved. The dresser now comes on the scene and covers the skin with a thin layer of green soap, which is again covered with a piece of lint, and left in situ for a time that varies from half-an-hour to two hours. In the female wards this is applied by the nurses, the reason for this being that it saves time in our hospital routine.

The skin is now thoroughly cleansed by rubbing with the hands and the nail brush. Next comes an application of ether on dry sterilised cotton sponges, after which 1-1000 solution of perchloride of mercury is used. At this point the practice differs. In some wards the skin is covered with dry boric acid powder and lint, these being kept in place with absorbent bandages; in others the skin is covered with lint soaked in 1-1000 perchloride solution or 1-20 carbolic, which is kept on until the time of operation.

In the near future we shall have an improvement on this method, the skin being covered after it has once been cleaned with sterilised lint or towels. Of course by this method no attempt is made to get the skin aseptic by the continued action of chemicals, but it has the advantage over the wet packing system that the skin at the time of operation is dry, and therefore there is less likelihood of epithelium being rubbed off into the wound, and so infecting it. In those cases in which it is desired to remove the surface epithelium, as in dirty hands, it is best done before the operation packing.

The patient thus prepared is placed on the trolley, having underneath him a large bed mackintosh and one or two small mackintoshes that are removed when the patient is cleaned up after operation. Over him are laid a small blanket that is kept for this special purpose, and a large rug.

In this state the patient arrives in the anæsthetising room, accompanied by the sister or staff nurse, with a probationer if the operation is in the afternoon. The patient is lifted on to the table, and the anæsthetic administered.

It will be convenient to describe now how the theatres are worked. To each theatre three people are attached, composing the permanent staff. These are, firstly, the Sister, who is at the head, and responsible for the general working of the place and the care of the instruments, dressings and apparatus. Under the Sister is the Nurse, who helps the Sister with the preparation of the dressings and the general care of the Theatre.

Thirdly there is a woman who does all the scrubbing, washing

and cleaning, assisted by the theatre porter, whose duty also is to bring the patients from the wards at operation time. In the mornings when not at operations he assists at the polishing, and brings the lotions up from the Dispensary, and does other work that is too heavy for the washer.

Every morning the floor of the theatre is washed over, and all furniture is carefully washed or wiped over with damp towels. The metal work is polished, and the sterilising plant cleaned and furnished. The work is so arranged that when possible the theatre is closed and the air kept quiet for an hour before operating begins.

Let us now suppose that an operation is to be performed. The basis on which the arrangements are made is that the surgeon and the house surgeon, dressers, Sister of the Ward and the Theatre Sister are surgically clean, while the Theatre Nurse and a dresser to whom the case does not belong are clean, but not surgically.

All the work that involves soiling the hands is done by the Theatre Nurse and the dresser mentioned above. This leaves the operator and his assistants free to proceed with the operation directly the position of the patient is decided.

The Theatre Sister and Theatre Nurse when they first come into the theatre wash their hands, and then put on clean overalls which cover up all their dresses, fasten behind, and leave the arms bare to the elbow.

The Theatre Sister then ascertains what instruments the surgeon is likely to require, and places these together with anything else such as syringes or drainage tubes that may be required in the steriliser. The tray for the instruments is now taken out of a solution of formalin and placed on the instrument table with a sterilised towel under it so that the Sister can wheel the table about without touching the glass. In the tray is water from a Berkefeld filter.

The instrument table is then wheeled over to near the steriliser.

The lid of the steriliser is opened when the time is up by the Theatre Nurse, and the Theatre Sister turns the instruments into the cooling tray, from which they are transferred to the operation tray, the hands of the Sister having been again washed before the instruments are touched.

The Surgeon, House Surgeon, and the dressers have in the meanwhile washed their hands, put on their blouses, and those who are to touch the patient have again washed and cleaned their hands.

A dresser who will not assist at the operation now attends in the anæsthetising room to help the anæsthetist, and when the patient is ready, wheels the table in, and arranges the patient as the

Surgeon directs, placing the blanket and mackintoshes in position with the assistance of the Theatre Nurse.

The Surgeon and the House Surgeon then place the sterile towels so as to cover up the patient with the exception of the part to be operated on. On occasions the site of operation is again washed with soap, wiped over with sponges soaked in ether and lastly with perchloride, before the operation begins. If the operation is one of urgency of course the skin has to be prepared in the Theatre in the way mentioned above. The Ward Sister or Nurse who have come down from the Ward with the patient leave the case when it comes into the Theatre, and having before put on a blouse, wash and clean their hands while the patient is being arranged and the site of operation prepared.

We have then to every case the following people who are surgically clean, namely, the Theatre Sister, the Surgeon, the House Surgeon, one or two dressers as the case may require, and the Ward Sister.

To do what is required about the patient but which may require the soiling of the hands we have the Theatre Nurse and a dresser. There remain the Anæsthetist and a probationer who is there to get used to operation work and to change the water in the hand-basins.

Everybody therefore who is on the floor of the theatre, whether surgically clean or not, is in clean white overalls with their everyday clothes covered up. This is a most important point, as it is possible that a hand may touch an object not intended, but little harm is done if all they can touch is clean.

All dressings, towels, cotton, sponges, etc., are sterilised in tins and in order that they should arrive at the patient clean the following rules are in force—

The tins are opened by the Theatre Nurse, who as before said is not considered surgically clean, and the contents are handed to the Surgeon by the Ward Sister with sterilised forceps.

Having described the procedure in the Theatre it may be of interest to run over some other details.

First there is the great question of the hands. I suppose that belief in the feasibility of completely sterilising the hands is passing away, and that we must really act on the assumption that aseptic surgery is not a question of sterility but of diminishing the introduction of toxic matter.

The first requisite is that the hands should be smooth, devoid of cracks and sores. To gain this point the skin must be treated gently and not irritated with strong chemicals. Some skins will stand more chemicals than others, but there is a limit to the endurance of the most hardy. The use of strong solutions is therefore to be

avoided, not only as an application to the skin for the purpose of the primary cleaning, but also in the frequent hand-washing during an operation, for strong chemicals will assuredly precipitate the blood in the crevasses of the skin and under the nails. To remove this the skin must be treated hardly.

One Surgeon who was lecturing on the results that he had obtained by the chemical treatment of his hands said that in one series of cases two wounds suppurated, and attributed this to the state his hand had got into through his vaunted method of sterilisation, but did not seem to see that he was using a very strong garguement against himself.

Leaving the deleterious effects of chemicals on the hands out of the question, one has to consider if they really do what is claimed for them. To kill streptococci they must act for at least ten or fifteen minutes even when the bacteria are not covered up in grease and epithelium. The question then arises whether any good is done by putting them on the hands at all.

Here the greatest trust is placed in the soap and water, though the scrub in perchloride is not dispensed with.

Of late gloves have been used in some instances for operations. Some are of india-rubber after the method of McBurney and of Halstead, while others are of lisle thread. The rubber gloves are boiled and the cotton ones are sterilised by superheated steam as in the dressings. The great advantage of them lies in the fact that the epithelium of the hands cannot be rubbed off in the wound nor on the silk used for ligatures. It may be that those cases of late and atoxic suppuration sometimes seen in hernia are due to the fact that although the silk is sterile when it leaves the tray, it becomes infected by being drawn through the hand, and only causes suppuration when the antiseptic is absorbed by the tissues.

All instruments are boiled for five minutes before an operation, and any instrument that is wanted but has not been boiled is put in the steriliser by the Theatre Nurse and handed in the wire tray to the Sister so that she has no cause to soil her hands. The five minutes boiling is rigidly adhered to, and only relaxed at the express instance of the surgeon.

At the end of the day's work all instruments that have been used are again boiled for fifteen minutes, after which they are carefully dried and put back into the case.

To be continued.

Christmas, 1898, in St. Thomas's Hospital.

To write a really good article on Christmas in Hospital, avoiding degeneration into a mere description of doings and decorations, needs the pen of a poet, the practised eye of the painter, and the perceptive faculties of the philanthropist all rolled into one. It cannot be expected from an embryo member of the profession whose imaginative faculties attain their fullest perfection only at the bedside. The subject is full of possibilities, and many modern writers would infuse the patients' tea with the spirit of romance, and find undreamed-of beauties in the bread and butter. They would paint the cheerful faces of the patients (I, of course, use the word in the Pickwickian sense), the smiling sisters, the student, his brow for the nonce unclouded by deep thought, hurrying hither and thither with bowls of punch for everyone, feeding with currant cake the helpless typhoid, and singing soft songs with guitar accompaniment to the D.T. in the bath-room. All operations being suspended, the theatre tastefully decorated for the occasion, would be the scene of hourly entertainments by well-known music-hall artistes, the songs being carefully sterilised for the occasion. All this and much more might be, and possibly has been, written by the novelist, whose knowledge of our hospital is limited to that obtained on a penny steamboat, but so long as it sells the book what does it matter? To me it is given to be a mere chronicler of events told as truthfully as can be expected. A sense of impending festivity made itself felt in the Hospital early in the week preceding Christmas Day. Members of the staff, with their attendant satellites, became irregular in their rounds, and clerks and dressers, turning from the pursuit of knowledge, might be seen surrounded by evergreens at the end of each ward, weaving wreaths and streamers of holly and laurels, working as though their living depended on it. Every ward was the scene of busy preparation, which in Florence resulted in a scheme of decoration reminding the spectator of the beauties of St. James's Street at Jubilee time. In this ward lanterns were dispensed with, and fairy lights hung on many streamers produced a brilliant effect. The decoration of the pillars in yellow and evergreens was accomplished without accident. With a hope of quickening promotion, the H.P. was induced to climb dangerous ladders, only to strike disappointment into the hearts of qualified onlookers by his safe descent. The decorations in Adelaide were also much admired, the prevailing colour being red, with many lanterns hung in the porch and ward. Special mention must be made of Arthur, where the decorations were on a scale as lavish as those of last year, the effect being exceedingly pretty, and reflecting great credit on those responsible. Sister Arthur was justly proud of her ward,

The surgical wards were necessarily handicapped by the discoveries of one, Lister, but the patients were much pleased with such additions as were allowed. Owing to the unfortunate absence of Sister Charity, through illness, the ward was somewhat quieter than last year. The decorations in Christian and George were also very effective. An ingenious transformation of the coffee stall in the porter's lodge into "Ye Olde Casualtie Inne" was seen and admired by hundreds. It is not recorded if H.S.Co. was on tap there, but the profits accruing from the sale thereof on Boxing night would have been considerable. In Block VIII., far from the glamour of rounds, great efforts were made by the nurses, who, with little or no assistance, made very creditable displays in William, Anne, and, in fact, in all the wards.

Sunday was spent by the patients in peaceful anticipation of the morrow's feast. Fortunately the great majority were on full diet, and those denied the pleasures of a Christmas dinner were few and far between. On Monday Christmas burst forth; patients' dinner, patients' friends, patients' tea, friends' tea—sisters, nurses, probationers, H.P's, H.S's, clerks, dressers, and everyone combining to make things as merry as a marriage bell, and they were. Concerts here, there, and everywhere; stray pianists wandered from ward to ward giving impromptu recitals. Father Christmas on his trolley gave his benediction in each ward amid much applause, and the Buzzard Troupe of vocalists escaped any hostile demonstration during the whole of their tour.

The spirit of Christmas descended on No. I to such an extent that he is reported to have, on his own account, admitted a patient suffering from nothing more severe than an impacted orange in the mouth.

On Tuesday the merry-making continued, and in the evening the probationers sang carols round the Hospital, finishing with Auld Lang Syne in the Long Corridor, in which everyone joined. With much enthusiasm, a strong disinclination to break up the party was noted on the part of several.

On Saturday, Sister Victoria gave her Annual Christmas Tree. All the kiddies looking their best, full of excitement and admiration, received their friends with the dignity of implied possession of the ward; a sight worth walking miles for. The numbers of dolls and toys received in Victoria was sufficient to provide for everyone, and the ward looked a regular Lowther Arcade.

On Tuesday, January 3rd, the landing between William and Anne was transformed into a veritable palace of delight, under the supervision of Sister, and an excellent concert was given, followed, we hear it darkly hinted, by an impromptu dance among the exiles of Block VIII.

These various functions may be said to have ended the festivities of the Christmas of '98. Everyone who helped to make things "go" has the satisfaction of knowing that nowhere can Christmas be more profitably spent than in hospital, where patients physically capable, realise, in many cases for the first and last time in their lives, what Christmas really means when spoken of as a festive season, and will always remember the attentions of those helping them to spend it cheerfully.

Medical and Physical Society.

The third meeting of the Medical and Physical Society was held on November 10th, when a paper was read by Mr. Crouch on "The Surgery of Deformities as practised at the General and Special Hospitals: A Contrast." Interest was enhanced by the fact that Mr. Crouch had brought many patients, instruments, photographs, and casts from the Orthopædic Hospital. The paper dealt chiefly with deformities of the lower limb of paralytic and congenital origin, in the treatment of which Mr. Crouch considered that the General Hospitals had much to learn. An occasional visit on the part of students to Special Hospitals would, he thought, enable them to see methods of treatment very different to those to which they had been accustomed, and a spirit of enquiry thus aroused, a sensible modification of the methods obtaining at present at General Hospitals, might result. As regards paralytic cases, the Orthopædic surgeon overcomes the deformity by subcutaneous division of tendons and fasciæ, with subsequent stretching by suitable instruments, worked by means of a rack and pinion; the deformity thus reduced, relapse is prevented, and the patient enabled to walk by means of walking-irons. In a general hospital the advice given to a patient with severe infantile paralysis is usually, either to be satisfied with his condition, or to consent to the ablation of the affected limbs. In this connection a patient was shown who had had infantile paralysis as an infant, and had always walked on his hands. The above advice had been given to him at various general hospitals, but with instruments, he was now able to walk without a stick.

A protest was made against the assertions so frequently heard in general hospitals, that where the limbs were unable to support the body they could not bear the additional weight of heavy instruments; such a remark was on a par with telling a man that if he could not walk a hundred miles he could not do it on a bicycle.

Perhaps the most frequently seen paralytic deformity was *Pes Cavus*. In these cases mere division of the *Plantar Fascia*,

attempted immediate correction, and immobilisation was of no good, since the deeper structures which are equally at fault were not reached by this treatment, and the Plantar Fascia, joining up again, left matters much as they were before. The Orthopædic surgeon, after division of the Fascia, stretches gradually, by means of instruments, the underlying structures; the process, though taking some weeks, produces, naturally, much better results and greatly increases the chances of permanent success.

As regards Congenital Club Foot, the Orthopædic treatment up to the tenth or twelfth year was tenotomy, with gradual correction by rack-work instruments, accompanied by massage; thus, in an Equino-Varus, the Anterior and Posterior Tibials and the Long Flexor being divided, the foot is gradually reduced to an Equino-Cavus. The Cavus is then dealt with, and, lastly, the Tendo Achillis is divided and the foot brought into its normal condition, the result thus gained being a lissome foot which amply compensates for the somewhat tedious treatment. Plaster-of-Paris splints were never used on account of the severe adhesions and subsequent immobility they caused, and it seemed to the author most illogical that while in fractures splints were used less and less, and massage commenced earlier and earlier, club feet were still kept in plaster for months at a time.

In adults, where a bone operation was necessary, removal of the whole of the Astragalus was recommended, as by that means the Varus was corrected as well as the Equinus. This condition was fulfilled neither by Phelps' operation nor by a wedge-shaped Tarsectomy. A further objection to the former was that the scar was often intensely painful, and if, as was usually the case, a Tarsectomy was also required, the resulting shortened foot resembled an amputation stump, only to be distinguished by the presence of toes.

The paper concluded with some remarks on the treatment of Spinal Caries.

A discussion followed, in which Messrs. Edmunds, Abbott, Thurston, and Richardson spoke in defence of the methods in vogue at the general hospitals, which had been subjected to somewhat severe criticism by Mr. Crouch.

On November 24th an interesting and instructive paper was read by Dr. Tate on the "Clinical Aspects of Cancer of the Uterus."

A Clinical and Pathological meeting was held on Thursday, December 8th. Dr. Turney was in the chair. The following cases were shown;—

Dr. Perkins.—A case of habit spasm, and a case of muscular atrophy.

Mr. Robinson.—A case of elephantiasis, and a case of equinovarus.

Mr. Crouch.—Deformity of hip.

Mr. Singer.—Locomotor ataxy.

Mr. Greg.—Hydronephrosis.

Mr. Greg also showed a large extra-peritoneal lipoma which had been successfully removed by Mr. Makins.

At the conclusion of the meeting the President gave notice that on February 9th, Dr. Russell would read a paper entitled "Old St. Thomas's," illustrated by lantern slides, instead of that on "The blood in health and disease."

Hospital News.

A CONVERSAZIONE will be held on January 27th in the Central Hall. This is in place of the Annual Nurses' Concert. The facilities for conversation and re-union of old friends at the concert were very limited, and the idea of a conversazione has been mooted many times. The Central Hall will be decorated and there will be a temporary installation of the electric light; portions of the long corridors will be carpeted and brought into requisition; in the out-patient department refreshments will be dispensed and various exhibitions displayed. The Royal Artillery Band will be in attendance. Madame Belle Cole and Mr. Watkin Mills will sing. The Chemical, Physiological, Electrical, X Ray, Pathological and Pharmaceutical Departments will all contribute something to add to the general interest. The time will be from 8—11 p.m.; a large number of tickets have been sent out, and there is every promise of a very successful evening.

An elderly woman came into the casualty waiting room at mid-day, and looking enquiringly round, sat down. Espying a nurse she beckoned to her and said, "Please is this the right seat for Toomers?"

Heartly congratulation to Dr. Box on his appointment as Assistant Physician to the London Fever Hospital.

Mr. J. R. Garrood has been appointed one of the representatives of the United Hospitals Cycling Association on the National Cyclists' Union. It is now some years since the Inter-hospital Cycling Challenge Shield has been in the club room; we have so many cyclists, and apparently such keen ones, that it seems legitimate to wonder why we have not better luck. With effort and

training we ought to have it back again. Guy's are the present holders of the shield. There will be a dance in connection with the Association on Thursday, January 26th, at the Westminster Town Hall. Tickets 5s. each, may be obtained from Mr. Garrood.

Dr. Brodie will deliver the Erasmus Wilson Lectures on February 20th, 22nd and 24th, at the Royal College of Surgeons. The subject of his lectures will be a continuation of his work on the Antitoxins.

We are glad to say that Nurse Cardwell, who was suffering from a very severe attack of faucial diphtheria is now quite convalescent. Sister Charity is also convalescing from her attack of typhoid. Dr. Cory is also decidedly better.

Dr. Colman is taking three afternoons in the post-mortem room, Mondays, Thursdays and Saturdays; he will also be in charge of the Children's Out-patient Department on Wednesday mornings at half-past ten. He still retains his appointment as Assistant Physician to the Great Ormond Street Hospital.

We congratulate Mr. Phillips, the Steward, on having passed the final examination which qualifies him as a barrister at the Inner Temple.

A new appointment of Assistant House Physician has been decided upon. Two will be appointed, and they will hold office for three months. Each will assist the Assistant Physician in the Out-patients for three afternoons; one of them will look after the whooping cough children on Thursday mornings and the other will attend at the New Children's Department on Wednesday mornings. The appointment will therefore be a light one. We do not know whether the appointment will necessarily precede that of house physician or not.

Dr. Priestly, the Medical Officer of Health for Lambeth, is sending out printed leaflets containing simple directions to be observed by those suffering from tuberculosis. The Vestry also undertakes free of cost the fumigation of rooms and houses that have been inhabited by consumptives, and the disinfection, by saturated steam under pressure, of bedding, carpets, etc. Further the Vestry undertakes the examination of sputum for tubercle bacilli in suspected cases, also free of cost. Such action cannot fail to diminish the total number of cases of tuberculosis, and it is to be hoped that other Vestries may see their way to carry out similar measures.

We are indebted to the Editors of the "Hospital Reports" for the loan of the illustration of Dr. Wharton. It appears in the

Reports to illustrate Dr. Payne's paper on the Old Physicians of St. Thomas's, which was read before the Medical and Physical Society on December 2nd, 1897, an abstract of which appeared in the GAZETTE of the following month. The illustration is from a painting by Vandyck in the Royal College of Physicians. Dr. Wharton was appointed Physician to the Hospital in 1657.

Dr. Purvis, of Southampton, has suggested that it would be of interest to old St. Thomas's men if from time to time some resumé of the work of the Hospital were given, describing new procedures and methods of treatment. This to a considerable extent is done, but we think it is a good suggestion to make a more special feature of it. Those who are daily at the Hospital scarcely notice each little change which so frequently occurs, but it is the sum-total of these "gradual alterations in the details of nursing, dressing, and treatment which slowly but surely change the whole aspect of hospital practice." We hope that the first instalment of "Our Present Surgical Technique" may interest all. It will certainly serve as a standpoint from which in years to come our progress may be judged.

"*Quis custodiet ipsos custodes?*" Of course the porter was awake—but none the less the old man he was supposed to be looking after in the bath-room hopped out of bed in the dead of night and broke a porringer over the porter's head.

He was a locomotor, and there being also a suspicion of G.P., the physician asked him:—

"Do you ever cry?"

"Well, yes sir, I did this morning."

"What made you cry?"

"*Oh, Sister sang a hymn.*"

Football News.

ASSOCIATION.

FIRST ELEVEN v. CLAPHAM ROVERS.

SURREY SENIOR CUP COMPETITION, SECOND ROUND.

This match was played at Chiswick on November 19th, and produced a very closely contested game. Clapham Rovers scored twice in the first quarter of an hour—one goal resulting from a penalty which was given against the hospital. After some keen and fast play Henderson scored for the Home team, and at half-time the score stood at two goals to one in favour of the Rovers. In the second half-time Henderson scored another goal for the

Hospital and so made the score two all. However, the Rovers scored at the blow of the whistle, and thus were victorious by three goals to two.

Team—O. Mills, C. Wheen, S. Bazalgette, R. Mould, T. W. Patterson, J. C. Chater, B. M. Sampson, H. C. Williams, T. B. Henderson, J. L. Lock, H. Bennett.

SECOND ELEVEN *v.* MANOR HOUSE SCHOOL.

At Chiswick, December 3rd. In the first half the Hospital had all the best of the game, but only scored once through Wright; during the second half the school had more of the play, but the Hospital backs could not be passed, and the forwards improving, Gibson and Evans added goals, the Hospital winning by three to *nil*.

Team—T. Perrin (goal), T. B. Henderson and L. H. Badcock (backs), R. Raby, F. B. Dalgleish and C. J. Battle (halves), A. E. Mavrogardato, T. Gibson, F. H. E. Wright, H. Evans and J. N. Sargeant (forwards).

SECOND ELEVEN *v.* RICHMOND OLD BOYS.

Played at Kew on December 10th. The Hospital started with only nine men; the Old Boys at once pressed and obtained two corners which were cleared. A slight accident to Jays necessitated a short stoppage: on resuming Perrin kicked through his own goal and the home side soon added a second; then Jones arrived, and the Hospital playing up, Perkins put in a long shot, which was rushed through. In the second half the home side pressed continuously, but the Hospital defence was good, and no more scoring took place. Jays was most energetic throughout, and Battle, Dalgleish, and Gibson also played well.

Team—T. Perrin (goal), C. J. Battle and T. Jays (backs), H. C. Cochrane, F. B. Dalgleish and L. Craske (halves), A. B. Perkins, T. Gibson, B. S. Jones and J. N. Sargeant (forwards).

SECOND ELEVEN *v.* ST. MARY'S HOSPITAL SECOND ELEVEN.

Played at Chiswick on December 14th. Mary's pressed from the start, and at half-time lead by two to *nil*, the Hospital forwards only occasionally breaking away. On resuming, Allport, who had gone forward, got past the backs, but his shot hit the goal-keeper; however a few minutes afterwards Wright passed out to Bennett, who after taking it up centred well, and Allport scored; from now to the end Mary's pressed, but were unable to increase their score. Chater at half played a great game for the Hospital.

Team—T. Perrin (goal), F. Bawtree and R. Allport (backs), R. Raby, T. A. Chater and C. J. Battle (halves), B. S. Jones, H. Evans, T. Gibson, F. H. E. Wright and H. J. Bennett (forwards).

SECOND ELEVEN v. MOLESEY SECOND ELEVEN.

Played on Hampton Court Green, December 17th. Although the Hospital had the best of the game, they lost by two to nil, owing to the poor shooting of the forwards.

Team—T. Perrin (goal), C. J. Battle and T. Gibson (backs), H. Wheelwright F. B. Dalglish, R. Raby (halves), H. R. Bridges, J. N. Sargeant, T. Jays, H. Evans and B. S. Jones (forwards).

Fixtures for the Association Cup Ties.

1st Round.

A. University v. London. January 21st.

2nd Round. February 4th.

B. Middlesex v. St. Bartholomew's.

C. St. Mary's v. St. George's.

D. Winner of A v. St. Thomas's.

E. Charing Cross v. Guy's.

3rd Round. February 25th.

Winner of C v. Winner of D.

Winner of E v. Winner of B.

Final—March 11th.

In the first and second rounds the match will be played on the ground of the first named team ; in the semi-final and final rounds on neutral ground.

Fixtures for the Rugby Cup Ties.

1st Round, to be played on the Richmond Athletic Ground.

Guy's v. Middlesex. January 24th.

St. George's v. St. Thomas's. January 26th.

St. Bartholomew's v. Westminster. January 27th.

The Amalgamated Clubs.

BALANCE-SHEET, 1897-1898.

RECEIPTS.				EXPENDITURE.			
	£	s.	d.		£	s.	d.
Subscriptions	439	18	6	General management	61	10	3
Grant from Medical School	60	0	0	Students Club	254	14	8
Gazette account	19	4	7	Medical and Physical Society	18	16	3
Hire of stage	1	10	0	Athletic Club	10	15	0
Interest on deposit account	5	3	6	Cricketer Club	24	12	5
				Association Football Club	17	15	10
				Rugby Football Club	16	5	4
				Hare and Hounds Club	3	3	0
				Lawn Tennis Club	7	13	9
				Rifle Club	15	7	0
				Rowing Club	2	9	6
Excess of expenditure over receipts	64	2	6	Swimming Club	3	3	0
	£589	19	1	Chiswick Ground	153	13	1
					£589	19	1

BALANCE-SHEET, OCTOBER 31ST, 1898.

	£	s.	d.		£	s.	d.
Capital as per balance-sheet				Capital expenditure Chiswick			
31st October, 1897 ...	656	15	1	ground to 31st October, 1898	279	14	3
Less excess of expenditure over				Cash on deposit ...	250	0	0
receipts, 1897-1898 ...	64	2	6	„ at Bank ...	57	18	10
				„ in hand ...	4	19	6
	<u>£592</u>	<u>12</u>	<u>7</u>		<u>£592</u>	<u>12</u>	<u>7</u>

(Signed) R. MASTERS.

Books for Review.

GUIDE TO THE EXAMINATIONS BY THE CONJOINT BOARD. By F. J. Gant, F.R.C.S. Seventh Edition. Revised by Wilmott Evans, M.D., F.R.C.S. Messrs. Baillière, Tindall and Cox, London. Pp. 252. Price 5/-.

The first part of this work comprises the regulations for the L.R.C.P. and M.R.C.S. for candidates who registered after January 1st, 1892. We think its value would have been enhanced if a brief account had been given of the necessary arts examination that must be passed before registration can be effected. The second division of the book describes each examination fully, each subject being taken in turn, the time allowed for it stated, the type specimens described, and specimen vivas given. The third division includes all the papers set from 1890 to April, 1898. Finally the Fellowship is treated in a similar manner. From this it is evident that the various examinations are thoroughly described, and the book may be trusted as a reliable guide. That it should have reached the seventh edition shews that it is appreciated.

ESSAYS FOR STUDENTS. By Stephen Paget, F.R.C.S. London, Messrs. Baillière, Tindall and Cox. Price 3/6.

Four essays are included in this little volume, three of them written on groups of the author's cases common in hospital practice, while the last is a brief introduction to aural surgery.

We think it a pity that any statistics are quoted, as figures sometimes stick in spite of oneself, and statistics of small numbers, which also include cases operated on by older methods must necessarily be fallacious.

Each point is well illustrated by chosen cases, and the author tries to make his readers gain from them the lessons he learnt himself.

Incision by transfixion is recommended for strangulated hernia, surely a remnant from pre-anæsthetic days. A distinction is drawn

between a Littré's hernia and a hernia of Meckel's diverticulum, which we think the same thing, giving Richter's name to those herniæ which include only part of the intestinal lumen.

After "Cancers of the Breast," follows "Some run-over Cases," in which is collected a good group of those cases which cause such anxiety to every house officer. The author cannot throw much further light on the indications for operation but is against the habitual use of an exploratory incision in these cases already suffering so severely from shock.

The book is well printed, and should interest dressers and others at work in the surgical wards.

Examination News.

UNIVERSITY OF LONDON.

B.S. Examination.

L. Gilbert, H. E. Hewitt.

M.D. Examination.

Medicine.—A. W. Sikes.

State Medicine.—W. E. Dixon.

UNIVERSITY OF OXFORD.

First Examination.—V. S. Hodson.

Final Examination.—E. Hopkinson, S. Wellby.

D.P.H.—C. A. Reynolds, E. A. Saunders.

UNIVERSITY OF CAMBRIDGE.

Second Examination.

Anatomy and Physiology.—H. S. D. Browne, W. Hill, H. Spurrier.

Third Examination.

Part I.—H. M. Harwood, C. L. Hawkins, N. Heard, R. J. Horton-Smith, A. E. Martin.

Part II.—P. F. Barton, A. W. Daniel, P. L. Moore, C. Powell, P. T. Sutcliffe, H. C. Thorp.

St. Thomas's Hospital Gazette.

No. 2.

FEBRUARY, 1899.

VOL. IX.

Our Present Surgical Technique.

(Continued from page 5.)

As far as possible the same instruments are not used for two consecutive operations, but are carefully washed over, and all the serrations cleaned with a brush.

Porringers used for putting specimens into after removal from the body, and which must therefore be touched by the theatre sister, are boiled and then put in a sterilised cloth on the under shelf of the instrument table. Porringers for catching fluid that is used to wash out wounds are boiled if their size permits, or if not, are very carefully washed and then immersed in a solution of formalin (1 in 400). Shortly we shall improve further in this direction, as we shall have sterilisers large enough to boil even the hand basins.

Water sterilised with a Berkefeld pressure filter, the temperature being regulated by a worm, is used for the instruments (unless the surgeon direct some antiseptic), and also for the hand basins, which are changed as soon as the water becomes stained to any degree. The cylinder, filter cap, and delivery tube are boiled every day (*vide* "Hospital Reports," Vol. 22.)

The basins are supported on metal tripods, which are on wheels. Each tripod supports two basins, the upper of which as stated above contains sterile water, and the lower one perchloride of mercury. The presence of perchloride is recognised as a danger to the man with little knowledge, so the dressers are particularly impressed that after they have touched anything that is not surgically clean they must again wash in soap and water, and not think that a perfunctory dip in perchloride solution is of any practical value.

Sterilised normal saline is also used, and is made by mixing a sterile concentrated solution of salt with water from the Berkefeld. For irrigation of the abdomen the water is led straight into the abdomen from the filter.

Higginson's syringes and all tubing used for flushing and drainage are of course boiled before use.

The silk for ligatures is prepared by being wound on reels; it is boiled on the reel for twenty minutes on three consecutive days, and then transferred to the silk tray, where it is kept in carbolic (1 in 20). This method of keeping the silk is not ideal, but is about the best attainable when the same theatre is used by many different surgeons. The fine varieties of silks are at present much used for tying small arteries, such as 00 or 0. Silkworm gut, which can be easily sterilised by boiling, is of course much used for the skin, and has of late been used for the deep sutures in hernia.

The fine trout gut is found to be exceedingly good if too great strain is not put on it, and is good for sewing up the belly wall in layers either in a hernia or in an abdominal wound. Its fineness makes it hard to see, but this can be overcome by boiling it in a 1 per cent. solution of methyl green. The smoothness of this material is its great recommendation, as it has little tendency to rub off the epithelium from the fingers.

Catgut is used, but not so much as formerly, as up to now we have trusted to sterilisation by chemicals. It may be that with the improved methods of sterilisation by heat, it will again be revived.

Kangaroo tendon and gold beater skin are sometimes used, but much less so than formerly.

The main arteries are secured by a fairly thick ligature of silk, either floss or twisted. The same material is used for ovarian pedicles, and is hardly ever known to give trouble.

Horsehair is in favour for the skin, and has been used in a cord of several hairs for the deep sutures in hernia, but for this purpose it is a little too extensile. It is prepared by being kept for six weeks in 1 in 20 carbolic, and is then boiled for one minute; boiling for a longer time makes it too fragile.

Both horsehair and the two varieties of silkworm gut are kept ready for operation in the following manner:—

About a dozen strands of the silkworm gut and six strands of horsehair are coiled into a ring, and in this state boiled and then transferred to small glass jars, in which they lie in carbolic lotion. When required they are lifted straight from these jars, and any left over is thrown away if horse hair, and reboiled if silkworm gut. If horsehair is to be used for buried sutures, it is as a rule reboiled immediately before use, and this of course is the ideal measure, but it is found necessary to have some ready for immediate use.

Artery forceps have been introduced with a longitudinal groove in the blade instead of serrations, as they are easier to clean, are not so given to rust, and also destroy the tissue less.

Knives are now made without shoulders or angles, and have no instrument-maker's name on them. Some surgeons have them boiled, and others trust to careful wiping and immersion in carbolic. Sometimes the edge is not hurt by boiling, but one cannot be sure that the edge will be keen after this treatment. Anyhow, they must be boiled in a rack, and not allowed to touch anything else while in the water.

Sterilised dressings were introduced into this hospital in 1890, at which date also the Berkefeld filter was first used here. A full account of the apparatus used will be found in an article by Mr. White in the Hospital Reports, vol. 22. Since that date their use has been much extended, so that now all dressings throughout the Hospital are sterilised. Some account of the method may be of interest.

The following articles are sterilised :—Sponges, Operation Towels, Operation Blouses, Wool, Hartmann's Wood Wool, Robinson's Tissue (alternate layers of cellulose and wool), Bandages (open weave and muslin, the latter most used in theatre), Cyanide Gauze.

It is well here to make clear what is meant by sponges. Marine sponges are still used for abdominal work, though the tendency is to replace them even here with gauze pads. For all ordinary work the sponges used are made of absorbent wool, covered with a layer of plain gauze fastened at the back of the sponge, if one may use the term, by the ends being twisted together and then tucked in under the gauze. When made they are roughly two and a-half inches in diameter. The towels are of linen, and measure three feet by two.

All materials to be sterilised are put into boxes made of tinned copper. These are of various shapes and sizes, according to their contents.

The square tins are made in two sizes, 12-9-8 inches and 11-6-6 inches. The lids are hinged to the box, and have half-inch overlap fitting the body of the box tightly. Within is a wire cage, so made that it just fits the inside of the box. The object of this is that the hot steam can circulate round the materials in the box and so more quickly penetrate into all the interstices. This is all the more important as these special boxes are used for the sterilisation of towels, blouses and gauze, and the two former are from their folding apt to present difficulties to the penetration of the steam.

The round tins have the following dimensions—8 inches high and 6, 5, 4 inches in diameter; there are also a few of less height and of varying diameters.

The lids of these tins are quite separate, and are about quarter-inch larger in diameter than the tins themselves, so that a layer of

wool can be spread over the top of the box before the lid is put on. Sponges, bandages, cyanide, etc. are sterilised in these tins.

In the theatres no attempt is made to sterilise separate complete sets of dressings for each case, but each material is sterilised in separate boxes and then used as required, being handed on tongs as before described. The reason that the separate dressing system was not adopted is the impossibility of telling what may be required in each case. The lids are only raised while the dressing is going on and then closed. The sponges that are being constantly used are kept in small tins, which are soon used up so as to minimise exposure to the air.

In the wards the separate tin system is in vogue, the dressings required for each patient being placed in a 8.5 inch round tin which, after it has been sterilised, is not opened until required. The round tins are also used in the wards for sponges, while sterilised towels and sterilised lint for packings are put into the medium sized tins.

Simple plain gauze has been used for dressings, but in order to simplify arrangements it was decided to use cyanide gauze throughout the hospital, and thus avoid complicating matters by having two kinds of sterilised dressings.

There is one disadvantage of using dry gauze—the discharge is apt to spread out and appear at the edge of the dressing; but this can be avoided by soaking the first piece in sterilised water.

Cyanide gauze is by far the favourite dressing, but is occasionally exchanged for iodoform gauze. Of the outer air-filter dressings, ordinary absorbent wool and Hartmann's wood wool are mostly used. Sublimate wool, salalembroth wool, and salicylic wool having practically disappeared.

The method of sterilisation of the dressings is as follows:—

The tins when filled either by the Theatre people or the Ward Sisters are sent down to the Dispensary and are then arranged in the previously heated steriliser with the lids open or lying by the side of the tins. There is also put in a quantity of plain wool. The steriliser is then closed and maintained at a pressure of from twelve to fifteen pounds for thirty minutes, when the steam is shut off and the lid just raised and the dressings allowed to dry for five minutes.

The attendant then washes his hands and puts on a pair of cotton gloves that have been sterilised with the dressings and spreads a layer of wool over the top of the boxes and puts the lids on or shuts them down, as the case may be. The gloves are then taken off and the tins secured across the top with bands of tough paper, which is glued on. These bands must be found intact when the dressings are to be used, or they are sent back and re-sterilised.

The new steriliser will be horizontal instead of vertical and have

shelves that pull out to facilitate the closing of the tins. There will be no outer steam jacket, but an exhaust will be provided to ensure the better drying of the materials.

A word may not be out of place about the treatment of clean wounds. Douching of such wounds with chemicals is becoming rarer; indeed, very little is done in the way of washing out even with sterile water. If a wound is exposed a long time it is covered up with either gauze or sterile lint. Of course all wounds must become contaminated with some bacteria from the air, but all experience goes to show that if the air is still, and especially if the surroundings are clean, nothing is to be feared from such bacteria. It is therefore useless to damage the tissues with chemicals that are not needed and which are in contact with the bacteria such a short time that they could not hurt the organisms more than the body cells. One thing seems sure—that the only good of douching is mechanical, and this can be performed perfectly by the innocuous water. Whether the wound is douched or not great care is taken that the surface is as dry as possible, so that there is little exudation, and this is caught in a dry dressing where decomposition is prevented by absence of moisture.

Acting on the same lines, no clean wound is either externally or internally treated with the so-called antiseptic powders.

Formalin has been tried and found to have great deodorising powers for sloughing wounds; it is also very good as a mouth wash. As a solution for the hand basins it was found to have the same disadvantages as the other chemicals, as it precipitated the blood in the crevasses of the skin and was very hard to get off unless the hands were constantly cleared of all blood.

In cleaning compound fractures the chief reliance is placed on the careful cleaning of the site of the wound with soap, the cutting away from the wound with knife and scissors of all soiled tissue as far as this may be practicable, and the possible use of sterile water as a douche for its mechanical effect.

Great difficulty has been experienced in getting an effective protective for grafts or the wounds made in cutting skin for Thiersch grafts. It seemed out of place to use either the green or gauze protective, which could not be efficiently sterilised, for a clean wound and then to cover up the same with carefully sterilised dressings. The solution of the difficulty is to use a metal foil which can be boiled and thus rendered as clean as the dressing that lies over it.

The foregoing is but an imperfect and fragmentary account of what is done in this Hospital to secure the union of wounds by first intention, or if this cannot be attained, their aseptic course.

It has been written with the idea of giving to the old student

some idea of what is passing in his old school and to the young student some hints to guide him in his battle with bacteria.

In conclusion, I would say that the three most important factors in securing asepsis in surgery are Soap and Water, Time, and Routine.

C. S. W.

Old St. Thomas's.

AT St. Thomas's Hospital we are singularly favoured in that we have at one and the same time, both the advantages of a modern hospital, perfectly equipped and situated on the most magnificent site in London, and the traditions of ancient origin and a long and glorious career. But situated as we are there is perhaps a tendency to forget that our hospital dates back many centuries. Let us then endeavour to recall those bygone days, and to glance in brief detail at some of the vicissitudes our hospital has passed through.

In endeavouring to trace its early origin we must go back to the times of the early Norman kings, in whose far distant days, the Church, already powerful by reason of the general anarchy, was further strengthened by the establishment of numerous religious and monastic houses, in two of which we of St. Thomas's have an especial interest. I refer firstly to the Priory of St. Mary Overie, now represented by the Church of St. Saviour's. A pretty and possibly true legend derives the name from a maiden named Mary, who followed her father's occupation of ferrying people over the Thames, from which circumstance she bore the Saxon appellation of Over-rie, *i.e.*, over the river. Another interpretation—Mary of the ferry—has been suggested. Having accumulated a fortune she employed it in founding a convent near her home in Southwark, in the position of the present Church of St. Saviour's. Her zeal in the cause of religion procured her canonization, and to commemorate her name, the convent was called St. Mary Overie. After an existence of over a century it was destroyed by fire in the year 1207, in the reign of King John. Pending the re-erection of their Priory, the prior and canons, for it had now become a monastery, erected a temporary edifice on the opposite, the eastern side of the highway, this edifice becoming as we shall see subsequently, St. Thomas's Hospital. Now in the alms and assistance given to the sick and poor by this Priory are to be traced the earliest rudiments of St. Thomas's Hospital, and even at the time of the fire it was apparently recognised as a charitable institution or hospital of some age, for we find it described in the indulgence granted by Peter De Rupibus in 1228 as "an ancient hospital at Southwark, built of old to entertain the poor . . . entirely reduced to ashes by a lamentable fire."

The second monastic house in which we are interested is the ancient Abbey of Bermondsey, of which illustrations and a most interesting account are given by Sir Walter Besant in his articles on South London, which appeared in the *Pall Mall Magazine* of last year. The House was founded in the year 1082 by one Aylwin Childe, a merchant of the city. According to Golding, however, it dates back to an even earlier period, being built and endowed under the Saxon Government, as appears from the survey made by order of William the Conqueror. Speaking of these religious houses, Besant says: "The whole of history from the ninth to the fifteenth century is full of a pathetic longing after a religious order, if that could be found, of true and proved sanctity. One Order after the other arises; one after the other challenges respect for reputed holiness of a new and hitherto unknown kind; in fact, it commands the respect of the people who always admire privation of what they admire so much—food and drink; it receives endowments, gifts, foundations of all kinds; it then departs from the ancient rule, and quickly loses its hold upon the people. This is the simple history of Benedictine, Franciscan, Cistercian, and all the rest. However, at the close of the eleventh century the Cluniac was in the highest repute for a rigid rule strictly kept, and for an austerity strictly enforced. It was a Cluniac House which Aylwin Childe set up in Bermondsey, and which William Earl De Warren, who also founded the Cluniac House of Lewes, enriched." To this Abbey large numbers of people made pilgrimages. The name Cluniac represented the fact that it owed allegiance to the Abbot of Clugny in France, to whom a good part of the revenues were sent. Of it there is not now a single stone visible, though there were many remains of it above ground a hundred years ago.

William Rufus annexed to this monastery the Manor and Royal Mansion of Bermondsey; Henry I. gave to it the manors of Rotherhithe and Dulwich; Henry II. the church of Camberwell, and so on. It is also interesting from its association with two queens, firstly Katherine of Valois, who after the death of her husband Henry V. married secretly Owen Tudor, a Welsh gentleman, by whom she had several children, one of whom becoming Henry VII. When the marriage was found out she was sent to the abbey of Bermondsey and virtually imprisoned there until she died. The second queen who had to seek the same seclusion was Elizabeth Woodville, wife of Henry VII.

The Abbey was dissolved and became the property of Sir Robert Southwell in 1541, who the same year sold it to Sir Thomas Pope.

In the year 1213 we find there was in existence within this monastery a small eleemosynary named the "Almonry for Indigent Children and Necessitous Proselytes," which was dedicated to St.

Thomas. This almonry attracted the attention of Peter de Rupibus, or De la Roche, Bishop of Winchester, in whose diocese it stood. But owing to its position its opportunities were restricted; the Abbey was entirely secluded, it was half-a-mile from the Long Southwark (now the Borough High Street), there were no poor, no sick, and no orphans, so Peter de Rupibus suggested the erection of a larger building in a more useful position to serve as an hospitium or house of hospitality for the aged and infirm. For this purpose he thought the uninhabited structure erected by the Prior and Canons of St. Mary Overie, and left by them on their return to their own rebuilt Priory, to be very suitable. Application was made to Amitius, Archdeacon of Surrey, on whose estate the building stood, for permission to enlarge it. This was granted, and Peter de Rupibus, in the year 1228, built the hospital of St. Mary or St. Thomas, calling it "the spital of St. Thomas the Martyr of Canterbury," and further giving it the munificent yearly donation of £343. He placed it under the superintendence of the Abbots of Bermondsey, under whom it remained for many years until it was ceded to a President, Master, and Brethren.

Among the agreements entered into between Martin, the Prior of the Convent, and Amitius, the Archdeacon of Surrey, custos of the hospital, were:—

1. That the old hospital be shut up for ever, it being lawful for the Canons to build what they please on it except an hospital.
2. The Canons shall never in future build any other hospital in Southwark, in front of, or in opposition to the new hospital.

As the road to Canterbury lay through London, and the only passage over the Thames was near the hospital, it was ordained by Peter de Rupibus that poor pilgrims to and from Canterbury should be permitted to lodge and board in that house for the night, and in the event of sickness or lameness, should be hospitably provided for till their recovery, when they were to be furnished with alms and provisions to continue their journey. Thus we find in the year 1228, St. Thomas's Hospital fairly established in its site at Southwark, combining within its walls the charitable dispensations of the priory of St. Mary Overie with those of the abbey of Bermondsey. From this year begins its real history as a hospital, and on this same site it remained until 1862, when it was removed to the Surrey Gardens as a result of the purchase of the site by the Railway.

We cannot expect to find a continuous history of the hospital, still from time to time we find mention of it; thus in 1252 the Archbishop of Canterbury, seeing its advantages and admiring its

repute became desirous of becoming its patron. In this he was strongly opposed by the then Bishop of Winchester, whose superior claims, on account of the donations his predecessors had made to the hospital were at length admitted.

In 1276 we find a commission was issued for an inquisition as to the right of custody of the hospital in the time of vacation, upon the petition of the Brethren of the hospital against the deputies of the Bishop of Winchester.

In 1279, in the reign of Edward I., the Earl of Gloucester gave the advowson of the Church of Bletchingly to the hospital in return for its lands in Bedynton, Bandone, Mitcham and Croydon.

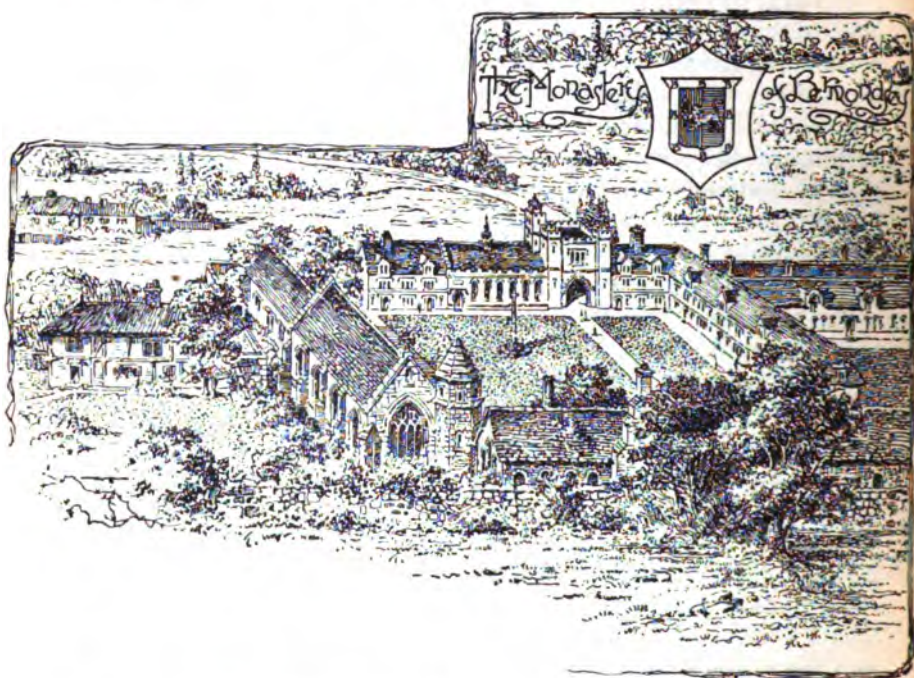
In 1417, the Master and Brethren formed a court of themselves, and exercised authority within the precincts of the hospital over persons regular or secular, and in cases civil or even criminal. We learn from Mr. Rendle's paper on St. Thomas's Hospital that "Early in the fifteenth century there was a very comfortable custom of bequests of property by lone women, who obtained thereby lodging and living and pious observances within the hospital precincts. Ladies even of note often provided in this way for themselves; it was in fact an institution very common in religious houses. Alicia de Chalvedon, for the health of her soul, and of the soul of her husband, Ralf de Bristowe, for the souls of her father and mother and ancestors, confirms to the hospital, in frankalmoine, all her lands in Chelvedon without any drawback. The Master and Brethren agreeing to find for Alicia within the court of the hospital a suitable bed, with everything necessary for a bed, for her as long as she lives; she is to have a good service, and money for clothing and fuel, but is to make no further claim of any kind. Later on, after the foundation of the newer hospital by Edward VI., the same custom with a difference prevails. The Governors and Treasurer, not now master and brethren, agree to take Elizabeth Sharp, of St. Michel's in the Querne in Westchepe, into the hospital, she giving all her goods and implements for the use of the poor, so that after her death no claim shall be made for them. At this later period, servants, dependants, or poor that well-to-do people would like to do good to, were commonly received into the hospital upon a payment, weekly or otherwise, fixed by the governors; such income, and the value of work done by those poor who could work, forming an appreciative sum in aid of hospital funds."

In 1458, a munificent Lord Mayor of London, Sir Godfrey Bulleyn, the father of Anne Bulleyn, and so the grandfather of Queen Elizabeth, was a benefactor of the Hospital.

In 1507 the Hospital, which had become dilapidated and insufficient, was in part rebuilt and enlarged. The price paid for the

additional land required was £31, practically the same land for which the present railway companies paid nearly £300,000. The rebuilt hospital was no doubt of some architectural pretence, though Golding describes it as having been "a low swampy structure of the monastic type."

We come now to one of the most eventful epochs in the history of St. Thomas's, the reign of Henry VIII. In the year 1534 a notable event took place, for in the precincts of the Hospital the Bible by Coverdale was printed by James Nicholson; this was the first complete English Bible printed in England. Nicholson was also a great artist in stained glass windows, and his work is seen

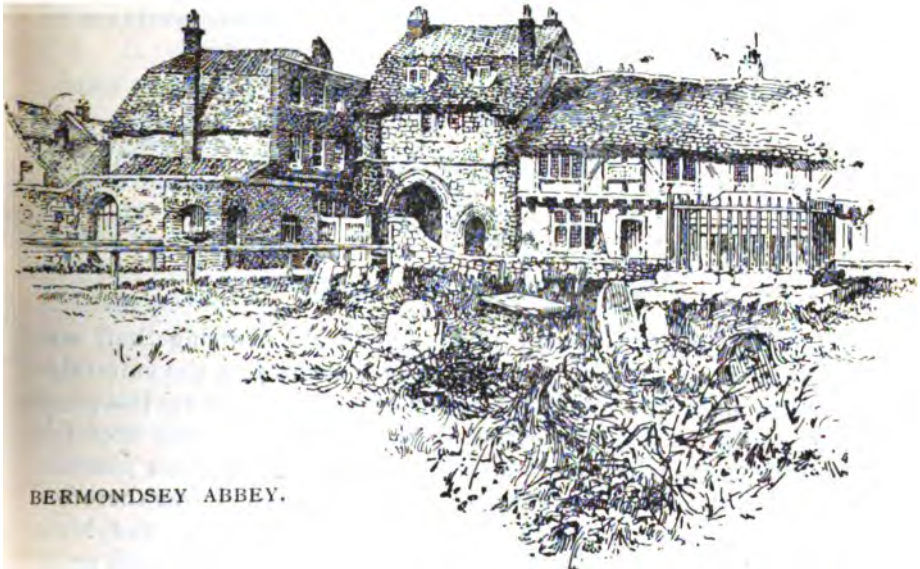


to perfection in the windows of King's College, Cambridge.

At this time there was a Master, Brethren, and three Lay Sisters, forty beds were made up for poor, infirm and impotent people, who were supplied with victuals and firing.

In the events about to be described St. Thomas's came well nigh into extinction. The growth of the Reformation in England, the abuses countenanced by the Church of Rome, and Henry's resentment at the Pope's refusal to grant him a divorce from Catherine of Arragon were slowly leading to a rupture with the Pope. In 1533 Henry married Anne Bulleyn, and in 1535 he was excommunicated by the Pope, Paul III. Shortly after this the

Act of Supremacy was passed, which conferred upon the King the title of Supreme Head of the Church of England. These events in England roused great resentment in the Church, and the Monasteries, which were not only open to attack on the score of morality, also supplied preachers and confessors who kept alive opposition to the new measures. Under these circumstances, Henry, who feared neither God nor man, proceeded to dissolve the Monasteries, his decision being doubtless strengthened by the fact that he was able to convert the immense funds thus obtained, to his own use. St. Thomas's Hospital was claimed along with the general mass of Church property, and surrendered to the King by Thomas Thirkeby, the then Master, on July 15th, 1538. The neighbouring priory of St. Mary Overie shared the same fate.



BERMONDSEY ABBEY.

Now one of the advantages derived from the Popish religion was the maintenance of the poor and infirm in the hospitals belonging to the Monasteries, and it is said that upwards of 30,000 poor were so supported by Church property. At the dissolution of the Monasteries vast numbers of these were dispersed throughout the kingdom, and more particularly about the City of London. Further, wounded soldiers from the armies in France were without provision and help. The want of the hospital thus destroyed was therefore felt immediately.

Sir Richard Gresham's petition to the King on behalf of St. George's Spytell, St. Bartholomew's Spytell, and St. Thomas's Spytell is given in the historical introduction to the prospectus of the Medical School and is well worth reading.

The absolute necessity for hospital accommodation being clearly grasped by the King, he proposed granting to the City the mansion house of St. Bartholomew's, the lately dissolved house of Grey Friars adjoining, and the unoccupied fabric of St. Thomas's Hospital. St. Bartholomew's Hospital, which was originally annexed to a neighbouring priory of Black Canons, was founded in 1123 by Rahere, minstrel or jester to Henry I. Like St. Thomas's, it shared the fate of the religious houses in their common downfall, but was however refounded by Henry VIII. by Royal Charter in 1544. Henry further conferred upon the City the Hospital of Bethlem for Lunatics.

It was intended by Henry that St. Thomas's should have received the name of the "Hospital of the Holy Trinity," and it was to have been exclusively allotted for the reception of lame, wounded, and diseased soldiers, but his intention was overtaken by death.

(For the Illustrations of Bermondsey Abbey we are much indebted to the kindness of the Editor of the *Pall Mall Magazine*).

To be continued.

The Nurses' Conversazione.

THE Annual Entertainment in honour of the Nursing Staff was held on Friday, January 27th. For some years past the entertainment has taken the form of a concert in the Governors' Hall, and excellent though these concerts have been it has generally been felt that something more lively and sociable would give greater pleasure to the nurses. With some doubts and misgivings it was therefore decided to hold a Conversazione in the Central Hall and Main Corridor of the Hospital, where the room would be so ample as to allow every nurse to have a ticket for a friend in addition to her own. As before stated there were some doubts and misgivings at the start, but on Friday night all these were dispelled, and the conversazione was voted by everyone present a brilliant success; of that there could be no doubt, "no probable possible shadow of doubt, no possible doubt whatever."

It would be impossible to enumerate here all those from every quarter and section of the hospital to whom our thanks are due for the generous aid given to the Committee responsible for the arrangements, but one cannot think of the conversazione at all without associating it in one's mind with the Hon. Treasurer, Mr. J. F. McClean. On him fell the bulk of the work, and to his push and energy its great success was largely due. No doubt that was

his reward, but it would be ungracious to let the occasion pass without publicly expressing thanks to him in the GAZETTE. A great deal is also due to his right hand man the Hon. Secretary, Mr. E. F. Buzzard.

To pass to a description of the function itself. Visitors entered through the out-patient department, and were received by the Treasurer, Mr. J. G. Wainwright, to whom heartiest thanks are due for kind permission to use the Hospital for the purpose of a *conversazione*, and for advice and assistance both during the preliminary arrangements and on the evening itself.

It was a veritable fairyland, into which the visitors came. Those who knew the long, bare, business-like corridor could hardly believe in the transformation. Carpets and rugs lined the floor, all the windows were curtained, and there was a profusion of palms and flowers on every side. The lighting was perhaps the happiest touch of all. It consisted of a large number of electric lights placed inside Chinese lanterns, and the effect was brilliant in the extreme. Everywhere one could hear people remarking upon it and paying compliments to the unknown originator of the scheme.

The band stand was fixed opposite the Steward's Office, and a really first-class orchestra had been brought together by Mr. J. Lawson, late Bandmaster of the Royal Artillery. The programme was a long one, and save for a short interval the whole evening was enlivened with music. Where everything was so good, and at the same time so well played, it is difficult to criticise and no attempt to do so will be made here, but perhaps the most loudly applauded pieces were the fine march "Unter dem Siegesbanner," the selections from "Carmen" and "Iolanthe," the overture "Fra Diavolo," and the well-known valse from "The Belle of New York." Besides the orchestral music we were favoured during the evening by songs from Madame Belle Cole and Mr. Watkin Mills, neither of whom required any introduction to a St. Thomas's audience, for they have not only sung at previous Nurses' entertainments, but also at the Christmas concerts in the wards. Both sang twice during the evening, and on the second occasion each granted the encore which was so loudly demanded.

A fear had been expressed that the hall would prove a very bad place for the vocalists, but they were really well heard, and would have been better, it may be legitimate to hint, but for the somewhat loud hum of conversation from those on the outskirts of the crowd.

Mention must now be made of the many side attractions which added so much to the pleasure of the evening, and if by chance any should be left out our excuse must be the difficulty of seeing and appreciating so much in so short a space of time. Those

responsible for each show will know that the omission is entirely unintentional.

In both the porters' boxes in the Central Hall were ladies (Miss Timbrell and Miss Chichester) devoted to the "Science" of Palmistry. It is to be hoped they enjoyed the evening, but if they did they must be of that happy disposition which enjoys hard work, for never were two ladies more hard pressed. One out, another in, went on the whole evening, and the lady palmists must have told the characters and fortunes of hundreds of the nurses and their friends. One of them writing since says, "I thoroughly enjoyed the evening, and should be only too pleased to come again if you ever have any occasion to enlist my services," so perhaps we may assume that they got pleasure as well as gave it.

In the Medical Committee room the latest developments in X-Ray photography were shown, both with hand screens and living subjects, and by the lantern; while on the other side of the hall a collection of relics from Atbara and Omdurman were on view, kindly lent by Dr. Acland.

In the corridors were exhibits from the Chemical, Pathological, and Physiological departments of the Hospital. It is impossible to describe them in detail. People had plenty of choice. They could study the most virulent microbes, or the circulation of the blood in the foot of the harmless frog. If this did not satisfy them they could see at the other end a really wonderful exhibition of glass-blowing. As a matter of fact it was impossible to meet the unsatisfied person on this occasion. Two departments of the Hospital were thrown open to inspection, the Dispensary and the Kitchen, and many visitors were to be seen in both.

One other exhibit must be mentioned, a book of engravings, kindly lent by Dr. Payne, and here I must seize the opportunity to thank Mr. Pilcher for once more lending his pencil for the decoration of the programme.

The Refreshments were, as usual, beyond reproach, and here again thanks are due to the Treasurer and Governors for their liberality. The out-patient waiting room was requisitioned for the purpose, and was decorated and transformed out of recognition.

If the room was gay, the music splendid, and the exhibits most interesting, what shall we say of the company? The whole world of St. Thomas's and his wife seemed to have gathered together for the evening. The Treasurer and many of the Governors were there, the staff were very strongly represented, and Sisters and Nurses, past and present, were to be seen on every side. The School, too, had sent a large contingent, much larger than can ever possibly be given tickets for the concerts. And amongst everybody a general feeling of *bonhomie* and good fellowship prevailed, more strikingly so

than at any previous St. Thomas's entertainment which we remember. Visitors were quite impressed by the general gaiety and good humour.

The verdict then on the first Nurses' Conversazione must be that it was a real and genuine success. A year must pass before we can repeat the experiment, but it cannot be doubted that when January 1900 comes round, a big effort will be made to rival if not to out-do our Conversazione of 1899.

The Hunterian Festival at the Royal College of Surgeons.

St. Thomas's was well to the fore on February 14th, when according to custom the Biennial Oration in honour of John Hunter was delivered. The orator on this occasion was Sir William MacCormac, our own Consulting Surgeon and Emeritus Lecturer, and President for the third time of the College. The theatre of the College, a chamber not endeared to us all by examination reminiscences, was filled by a distinguished company headed by H.R.H. the Prince of Wales, while among others present were the Portuguese Minister, Major-Gen. Sir Archibald Hunter, Major-Gen. Gatacre, The Lord Chief Justice, Sir Edward Clarke, Q.C., Lord Acton, Lord Shand, Lord Lister, P.R.S., Sir Samuel Wilks, Mr. Justice Kennedy, the Members of the Council of the College, many of our own Staff and old pupils of the Hospital, besides a full representation of the profession generally.

The task of delivering this oration after the roll of distinguished men who have previously filled the position of orator, to say nothing of the difficulty of handling a subject so often discoursed upon is no light one, and Sir William is to be indeed congratulated on the skill and eloquence which he displayed. He first rapidly reviewed the life of Hunter and then passed to a brief but comprehensive consideration of his work, shewing what has been the influence of Hunter not only upon his own time, but on all surgeons who have followed him. Hunter's investigations on the subject of animal heat were first referred to, and compared with those of Harvey, while the orator then shewed that the keen discrimination of the investigator had allowed him to propound a theory not far differing from that of metabolic change held at the present day. Hunter's work on aneurism, familiar to us all, his advanced notions on the treatment of injuries of the head, chest, and abdomen, on venereal diseases, and on inflammation and gunshot wounds generally were referred to; the orator striving, and successfully, to shew that Hunter's views, immensely ahead of his time, fell little short of those which govern the most modern surgery, which in fact owes its basis in great measure to them. As Sir William remarked, "The surgery of the middle ages was a trade, Ambroise Paré and Jean Louis Petit converted it into an art, while John Hunter elevated it to the rank of a science."

The orator then passed to Hunter's object in commencing the Hunterian collection now housed in the College Museum, and to the grandeur of its conception, briefly reviewed modern surgical advances, and after paying a warm tribute to the influence of the work of Lord Lister, finished as follows:—

The study of Hunter's works is in itself a liberal education. They show his almost superhuman energy, the versatility of his genius, his extraordinary powers of observation, and beyond all these the absolute mastery of his will over bodily suffering. Of all the great minds which have illuminated the scientific world and guided its destinies, John Hunter's is the one which first directed surgery into the pathways of science, and dying left to surgeons a future in the memory of his past. He is the one great man without whose aid it is impossible to imagine surgery all that it now is; we cannot take his influence away and yet retain all that we now possess. Our science might have spared some other workers, but it could not have become the science we know without John Hunter. This great surgeon, one of the greatest men who ever practised surgery, has now long gone to his rest. Cut off in the midst of his glory, he died in harness. Yet, though he be gone, we may well apply to John Hunter what has been said of a pre-eminent statesman lately passed away:—"The nation lives that has produced him, may yet produce others like him, and in the meantime it is rich in his memory, rich in his life, and rich above all in his animating and inspiring example."

The oration appears in full in the current numbers of the *Lancet* and *British Medical Journal*.

The usual banquet was given in the Library of the College in the evening, H.R.H. the Prince of Wales again being present, and a large gathering representing Literature, Art, and the several learned professions.

After dinner the Prince visited the Museum, and exhibited great interest in the collection, while the band of the Coldstream Guards discoursed sweet music in the entrance hall, in which so many of us have passed a weary hour or two of waiting.

Medical and Physical Society.

On January 12th Dr. A. W. Sikes read a paper before the Society entitled, "Some Remarks on the Life History of Fungi." Dr. Turney (the President) was in the chair.

Dr. Sikes commenced by saying that in tracing the evolution of fungi two elements had to be considered—the vegetative part and the reproductive part, or spore. The vegetative part is seen in its simplest form as a septate thread, or hypha, forming, in many cases a meshwork of interlacing threads, called a mycelium; these hyphæ may be seen, in certain cases, piercing, eating into, and destroying living tissues. In

the higher fungi, the mycelium forms the compact masses, common on trees and on decaying organic matter in woods, known as the thallus. The spore and its method of formation are of use in determining the position in the scale of any fungus, and as one ascends the scale sexual reproduction gradually dies out, until in the mushrooms, puff-balls, and truffles, asexual reproduction alone prevails.

Dr. Sikes then shewed slides illustrating different forms of thallus and spore, one form, *Pilacre* resembling *actinomyces* in appearance; reasons were given for regarding *actinomyces* as a bacterium, rather than a fungus. The formation of fairy rings was then described. The association of fungal and algal elements in lichens was alluded to; the colourless cell unable to take oxygen from the air, and the chlorophyll containing cell, with the power of breaking up the carbonic acid; the association of the two, or symbiosis resulting in mutual benefit. Numerous slides illustrating fungi causing certain diseases in plants were then shewn; *saprolegnia*, *polyphagus euglenæ*, and others. Vine and potato diseases were described. In one slide a spore had entered by one of the stomata on the surface of the potato leaf, and its mycelium could be seen growing in the soft parenchyme inside. The hyphæ growing out of the stomata form spores at their extremities, which are carried away by the wind, and so the disease scattered.

The fungus causing wheat disease was discussed and the three phases of its life cycle described, one occurring on the barberry, forming the characteristic æcidia on the under surface of the leaf.

Many slides were exhibited illustrating the diseases of trees caused by fungi and caterpillars affected similarly. Ergot of rye was fully described and illustrated.

The proteolytic and keratolytic ferments of the ringworm fungus were mentioned. Recent investigations on the ferments which act by oxydation (oxydases) were discussed. Such ferment, for example, produces the brown colour on cutting a raw apple. Phosphorescent fungi, as seen in the Cardiff coal mines, but more frequently met with in warmer climates, were discussed. Finally the mycetozoa; these are to be looked upon as a distinct group of living organisms, intermediate between plants and animals.

Altogether, about fifty interesting slides were shewn, some lent by Prof. Oliver, of University College, the remainder prepared by Dr. Sikes.

On February 9th Dr. A. E. Russell read a paper entitled "Old St. Thomas's." Dr. Turney was in the chair. Numerous lantern slides were shewn, the majority of which were kindly lent by the Rev. G. Weigall. Some were shewn by kind permission of the Editor of the *Pall Mall Magazine*. A portion of the paper appears in this number.

On March 2nd Dr. Patrick Manson has kindly consented to read a paper on "Malaria" before the Medical and Physical Society.

Hospital News.

HEARTIEST congratulations to Mr. F. C. Abbott on his appointment as Assistant Surgeon.

Mr. H. J. Marriage has been appointed Surgical Registrar in the place of Mr. E. O. Thurston who has resigned. Everyone, and especially those who have been closely associated with Mr. Thurston in this work, view his departure with great regret; we wish him every success in the future.

We greatly regret having to record the death of Mr. Hudson Hairsine, which occurred on February 3rd, at Richmond; death was due to injuries received by being thrown out of a trap. Mr. Hairsine joined St. Thomas's in 1872, and was in practice at Hook.

The Annual General Meeting of the Rifle Club was held in the Medical Theatre on January 17th. The following officers were elected for the ensuing year:—President, Mr. Makins; Captain, C. de Z. Marshall; Hon. Sec. and Treasurer, H. E. Weekes; Third Committeeman, H. R. Beale; Fourth ditto N. Carpmael.

Back numbers of the GAZETTE from 1892-1897 are about to be bound; each volume containing two years; they will be as far as possible complete, but there is a scarcity of two numbers—October, 1893, and January, 1895. Anyone possessing these numbers and not wishing to keep them for binding purposes will confer a great favour on the GAZETTE by sending them in. The price of the volumes, of which there will be a very limited number, will be six shillings each. Any numbers of vol. i. 1891 would also be very acceptable.

By the liberality of the Treasurer, a new prize has been instituted—the Wainwright prize of £10. It will be given annually after an examination in the same subjects as for the Mead Medal; candidates for the latter will not be eligible for it, as it is designed for men joining in their third year. This new prize will therefore be open to Oxford and Cambridge men who are not eligible for the Mead.

We congratulate Messrs. Tuke and Tucker on their success in the recent examination for the Indian Medical Service. Mr. Chopping has also passed for the Army Medical.

We wish to draw especial attention to the fact that Dr. Patrick Manson has kindly consented to read a paper on Malaria before the Medical and Physical Society on March 2nd, and hope there will be a large attendance.

In the 1898 Regulations for the College examinations, students are required, before being admissible for the second examination, to have dissected for twelve months *subsequent* to having received instruction in Chemistry, Physics, and Elementary Biology. Under this regulation the majority of students would not be able to count their first winter's dissection, and so would not be eligible for the second examination until the end of their third winter. We are glad to see, however, that the Colleges have had the last clause omitted.

The idea has been mooted of a Complimentary Dinner to be given to Sir William MacCormac by the House Surgeons of St. Thomas's who held office during his connection with the Hospital, in honour of his third year of tenure of the Presidency of the Royal College of Surgeons. In answer to a circular sent out, a most gratifying response has been made — practically every House Surgeon expressing his desire to participate in the function, a striking testimony to the high honour in which Sir William is held at St. Thomas's. The Dinner will probably be held in May.

Clinical Jottings.

IN the November number of the GAZETTE a case of abdominal section for perforated typhoid ulcers was recorded, the patient however not recovering. We are glad to be able to follow it with a case similarly treated and ending in recovery.

E. B., female, æt 11, was admitted with a fortnight's history of malaise and fever. On admission the abdomen was slightly distended and the spleen palpable. The temperature at first averaged between 102° and 103°; it then gradually declined until the twelfth day, when a relapse occurred, and the temperature rose gradually until it reached 105° a week later. During this time some bronchitis developed, the spleen became larger, and one or two doubtful spots appeared. The fever continued, varying between 98° and 105° until the beginning of the third week of the relapse (the 29th day after admission). On this date, at 1 a.m., the patient had a severe attack of abdominal pain and vomiting, the bowels were also opened, but nothing could be detected in the abdomen. Similar attacks of pain occurred at 3.30 and at 7 o'clock, when there was some dullness in the flanks which rapidly increased, until at 3 p.m. it reached nearly as far as the semilunar line. The abdomen became motionless and very tender. The features were also slightly sunken. Temperature varied between 102.6° and 105°.

and the pulse rose to 140. The abdomen was opened in the middle line below the umbilicus at 4.30 p.m., fifteen hours after onset of symptoms. A large quantity of seropurulent fluid with a faint faecal odour escaped. The caecum was pulled towards the surface and was seen to be coated with patches of lymph; a perforation was found on the anterior surface about one-eighth of an inch in diameter; its walls were thick, and there was a considerable amount of surrounding induration. The ulcer was partially excised and the perforation closed by a row of lembert stitches about one inch long, producing good inversion of the edges, some reinforcing sutures were passed. The abdomen was irrigated with sterilized water. A rubber tube was introduced into the pelvis, a smaller one into the right loin, and a gauze drain passed superficially upwards. The operation lasted twenty-five minutes. On the following day the belly moved well, and no free fluid could be detected; there was a fair quantity of seropurulent discharge. The child was put on rectal feeding. For six days after the operation anxiety was caused by frequent vomiting, which resisted all treatment. The abdomen also became very distended. Thirst was relieved by rectal injections, and also by subcutaneous saline injections. The abdominal wound gaped widely and shewed no signs of repair. A parotid bubo developed on the eighth day and an abscess developed at the site of the saline injections into the left buttock. On the fifteenth day an anæsthetic was administered, and the abdominal wound resutured as a large area of gut was visible. The parotid bubo and the abscess in the buttock were opened at the same time. Antistreptococcus serum was injected on the twentieth day after the first operation and for ten days following; the temperature gradually dropped to normal and the wounds began to heal. Both knee joints were the seat of effusion, but this subsided quietly. The further progress of the case was very satisfactory, and the child is now doing well.

Note.—Since writing the above, another relapse with complete recovery has occurred.

Hæmorrhagic Kidney simulating Intussusception :—

A girl aged one year and seven months was admitted with the following history. On the previous day she was seized with violent pain in the abdomen and vomited her food. No treatment was adopted until the morning of admission, when a glycerine enema brought away some hardened fæces and a small quantity of blood. As the patient did not seem relieved a doctor was consulted, who administered an enema without any result. The vomiting had continued, and was now dark in character. A little more blood was passed by the bowel. When seen the features were pinched and the pulse rapid; in the right loin was a tumour that from its situation and shape was more like a renal tumour than anything

else, but it was thought possible that it might be an intussusception that was rounding the hepatic flexure and so assuming a more rounded outline.

As the child was very ill and the diagnosis of intussusception probable, it was decided to operate, and the abdomen was opened. The tumour was found to be an immensely swollen kidney filled with blood. The ureter was dilated to the size of the little finger but no cause for the condition could be found. The abdomen was closed and the next day the urine contained blood. The blood ceased on the following day, but the child became more and more drowsy until it died.

At the post-mortem the right kidney was found to weigh six ounces, the left one and a half. On section the right kidney was of a perfectly uniform plum colour, having all the appearances of a hæmorrhagic infarct. The vessels of the kidney, both artery and vein, shewed no change. The organ seemed firmly fixed, and torsion of the vessels on that account seemed inconceivable.

Football News.

ASSOCIATION.

FIRST ELEVEN v. CIVIL SERVICE CLUB.

This match was played at Chiswick on Wednesday, December 10th, in wet weather. The Hospital, who did not have the best of luck and who were greatly handicapped by the heaviness of the ground, lost by two goals to one after a very close and even game.

FIRST ELEVEN v. CLAPHAM ROVERS.

The above match was played at Chiswick on Saturday, December 17th, and resulted in a win for the visitors after a good game by three to one.

FIRST ELEVEN v. BARNES INCOGNITI.

The above match was played on the Hospital Ground at Chiswick on Saturday, January 14th. The weather was all that could be desired, and, after a very good game, the Hospital won by two goals to *nil*, Williams scoring both times and having bad luck in not scoring two other goals—one hitting the cross-bar and the other going just over.

FIRST ELEVEN v. LONDON HOSPITAL (CUP TIE).

This match was played at Edmonton on February 3rd, and resulted in a win for our opponents by twelve goals to two. Williams and Henderson scored for us. Our opponents outmatched us on all sides. In goal Mills played well, and saved on many occasions, thus preventing a still heavier defeat. Our men were slack in the extreme; there was total lack of combination amongst the forwards, many of the men being noticeably out of condition. We may remark that it is of no use to go in for cup ties unless some interest is taken by the players and a certain amount of training done.

Team: Goal, O. Mills; backs, S. Bazalgette and C. Wheen; half-backs, Rold, T. Paterson, and E. V. Gosling; forwards, B. M. Sampson, W. Williams, T. Henderson, Barton, and W. Bennet.

SECOND ELEVEN v. BARNES INCOGNITI SECOND ELEVEN.

Played at East Sheen on January 14th, and ended in a victory for Barnes by two goals to one. Owing to the first eleven wanting our men we had to call upon five of our second fifteen to turn out.

SECOND ELEVEN v. EALING THIRD.

Played at Chiswick on January 21st, and ended in a win for us by two goals to *nil*. We had all the game right through, but, owing to the state of the ground and bad shooting on the part of our forwards, we were only able to score twice.

SECOND ELEVEN v. BARN ELMS F.C.

Played at Chiswick on January 28th, and, after a very even game, ended in a win for us by one goal (Sergeant) to *nil*. If only our forwards could put more life and dash into the game we should have done much better. Our halves played grandly.

SECOND ELEVEN v. EVERSLEIGH "B."

Played at Chiswick on February 4th, and ended in a draw--one goal each--after a very keen game. We had most of the game, and ought to have scored on several occasions, but the shooting of our forwards was very bad. Chater, at centre-half, played splendidly.

SECOND ELEVEN v. RICHMOND OLD BOYS.

Played at Chiswick on February 11th, and ended in a victory for Richmond Old Boys by four goals to one.

SECOND ELEVEN v. ST. MARY'S SECOND ELEVEN.

First Round Inter-Hospital Junior Cup. This match was played at Wimbledon on Wednesday, February 15th, and after a very exciting game ended in a draw, neither side being able to score. In the first half Mary's had most of the game, but owing to our strong defence were unable to break through. We ought to have scored from a corner, but owing to our forwards being unable to use their heads failed. In the beginning of the second half matters were very even, then we began to press, continuing to do so until the call of time. Mavrogardato in goal played splendidly, saving some very hot shots. Hawkins and Badcock were very good; Dalglish was the pick of the halves.

Team: Goal, A. Mavrogardato; backs, L. Badcock and C. L. Hawkins (captain); half-backs, F. B. Dalglish, T. A. Chater, and E. K. Attlee; forwards, J. H. Evans, F. R. Wright, J. L. Loch, C. J. Battle, J. N. Sergeant. Referee, W. F. Harrison, R.A.

RUGBY.**FIRST FIFTEEN RESULTS.**

Nov. 26. v. Old Leysians; lost, 7 tries to *nil*.

Dec. 3. v. Blackheath; won, 1 goal 1 try to 1 goal. (St. Thomas's and Guy's combined.)

Dec. 10. v. Sandhurst; lost, 1 goal 2 tries to 2 tries.

Jan. 7. v. Harlequin; lost, 1 goal 2 tries to *nil*.

FIRST FIFTEEN v. ST. GEORGE'S.

First Round Inter-Hospital Cup. The match was eventually played at Richmond on Tuesday, February 7th, after two postponements on account of the frost, St. Thomas's winning by 2 goals to 2 tries. After the kick-off play settled down in our opponents territory for a time. After about twenty minutes play Jameson got the ball

from a line-out in St. George's territory and passed to Greg, who scored behind the posts after a good single-handed run, and Martin kicked a goal. On changing ends St. Thomas's forwards fell to pieces considerably, and St. George's scored twice; the first try was scored by Gusman and the second by Bailey in the extreme right hand corner. Neither try was improved on. With fifteen minutes only left to play and St. George's one point ahead, St. Thomas's woke up. Soon after the ball was re-started Greg got possession and made a grand effort, but was brought down by their back. Play was now waged hotly in our opponents territory, and after a good round of passing Pinches eventually got possession, and running right round scored behind the posts, Martin again converting. Our outsides all played well, Greg, Harwood, and Hanbury being especially prominent. Our forwards generally got the ball from their heavier opponents, and Martin, who played a fine game throughout, was the best.

Team:—H. Wheelwright, back; L. F. Hanbury (captain), H. M. Harwood, A. H. Greg, and H. G. Pinches, three-quarters; E. T. Holland and A. D. Jameson, halves; A. E. Martin, R. J. C. Thompson, T. W. Downes, G. H. Latham, H. Z. Stephens, J. Little, T. S. Taylor, and J. F. Cunningham, forwards.

FIRST FIFTEEN v. GUYS.

Second Round of the Inter-Hospital Cup. This match, which was played at Richmond on Monday, February 13th, resulted in a win for our opponents by 4 goals 2 tries to *nil*. We commenced the game, but the ball was quickly returned to our "twenty-five," and a vigorous attack maintained. After about twenty minutes play, from a kick-out by us from touch behind goal, Rae got in behind the posts; O'Brien converted. Our opponents scored once more in the first half, through the agency of Syme, but were not successful in the kick. On changing over, our men got together a little better, but this was only temporary. Syme was soon very nearly in again, but was pushed into touch by Hanbury; then, after a bout of passing by Thomas, Wethered, and Rae, the latter scored. After the kick-off some loose rushing followed, and Syme got clear away, but was followed in a close race by Greg, who tackled him magnificently just short of the goal-line. Guys then worked us down, and Cutler scored. Syme soon after scored again, the try this time being converted. After the kick-off we worked the ball up, and once gave promise of scoring but failed. Finally after some scrums and loose play Syme got in again. Throughout, our opponents, who had a bigger set of forwards, had the best of the game; they generally got the ball out of the scrums, and were active with their feet. They were speedy outside, and although the passing was good yet at times it was inaccurate. Amongst our men Harwood as half was very good. Greg's tackling was invaluable. Downes amongst the forwards was noticed to play a good hard-working game.

Team:—H. Wheelwright, back; L. F. Hanbury, R. Bridges, A. H. Greg, H. G. Pinches, three-quarters; E. T. Holland, H. M. Harwood, halves; A. E. Martin, R. J. C. Thompson, T. W. Downes, G. H. Latham, H. Z. Stephens, J. Little, T. S. Taylor, J. F. Cunningham, forwards.

Correspondence.

RIFLE CLUB.

To the Editor of the ST. THOMAS'S HOSPITAL GAZETTE.

DEAR SIR,

May I be permitted to make one more appeal, through the medium of your valuable paper, to men interested in the reputation of St. Thomas's as holding the best records for shooting of any Hospital in London.

After winning the Cup for fourteen years in succession, our team failed to obtain possession of it last year.

The Committee would therefore earnestly urge upon all Volunteers the necessity of making every endeavour to recover our old honours this season.

To achieve this desirable result, it is absolutely necessary that as much time as possible should be devoted to practice. New members are specially invited to take an early opportunity of showing their form, so that any hidden talent may be brought to light.

The selection will not be made till the end of June, by which time the Committee hope that there will be no difficulty in choosing a team worthy to uphold the long-standing traditions of previous years.

I am, dear Sir,

Yours faithfully,

HAROLD E. WEEKES,

Hon. Sec., Rifle Club.

College of Surgeons.

The following is a Syllabus of the Lectures to be delivered by Professor F. G. Parsons at the Royal College of Surgeons, on the "Joints of Mammals contrasted with those of Man."

LECTURE I. MARCH 6th.

Temporo-maxillary articulation—its structure and mechanism, in man, and in the various orders of the mammals—Four kinds of movement of the mammalian jaw—Uses of the interarticular cartilage—its absence in certain animals. Articulations of the clavicle in the different orders—sterno-clavicular, acromio-clavicular, and coraco-clavicular articulations—Presence and meaning of Menisci. The Shoulder Joint of man compared with the generalised mammalian type—Arrangement of the glenohumeral ligaments in the various mammalian orders—Presence and absence of coracohumeral ligaments.

LECTURE II. MARCH 8th.

The Elbow Joint throughout the class of Mammals—Methods by which it is adapted to its various requirements—Presence and absence of the orbicular ligament. The human wrist contrasted with that of other mammals—Division of the wrist by a septum—Presence and meaning of triangular fibro-cartilage. The hip joint of man and other mammals—Thickenings of the capsule—Presence and absence of ligamentum teres and its occasional extra-capsular connections.

LECTURE III. MARCH 10th.

The knee-joint of man and other mammals—various modifications of the semilunar cartilages—their absence. Division of the synovial cavities of the knee—Twisting of the ligaments. Curious mechanism in marsupials.—Ankle joint in man and other mammals—Twisting of ligaments—Presence of an interarticular cartilage—Arrangements for increase of strength.



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VOL. IX.

Old St. Thomas's.

(Continued.)

It is from the death of Henry that the connection of St. Thomas's Hospital with the City of London begins. The citizens "instituted under the sanction of Edward, a Committee or Board of Enquiry, chosen from amongst themselves, for the purpose of obtaining information how many fatherless and unprovided-for children, sick and wounded soldiers, lame and diseased poor people, and decayed householders, were to be found in the city and liberties of London; and also the number of idle rogues of both sexes who were levying contributions on public sympathy, by their feigned tales of sorrow and misfortune. Their next endeavours were how to alleviate or remove these several species of wretchedness. The best plan appeared to be that of establishing an appropriate receptacle for the sufferers under each kind of distress respectively, and the unoccupied abodes of the late monastic recluses seemed to them particularly eligible for these various purposes."

Subscriptions were raised, and the dissolved house of the Franciscans or Grey Friars was bought; this became Christ's Hospital (the present Blue Coat School), and into it were received 380 children.

The Lord Mayor and Court of Aldermen next purchased of King Edward the Manor of Southwark, which comprised the site of the hospital, for £647 2s. 1d.; and as the latter had for a short time been unoccupied, and was rapidly falling into decay, they immediately began repairing and enlarging it, at an expense of £1,000.

Shortly before his death Henry had proposed calling the hospital—the hospital of the Holy Trinity, but the citizens in compliment to Edward called it the "King's Hospital," and in November 1552, 260 "wounded soldiers, blind, maimed, sick and helpless objects" were admitted into it; and thus the hospital was again fully started on its career of usefulness.

The intentions of the citizens being in part fulfilled, they decided to appoint a suitable establishment for the confinement of dissolute characters of both sexes. For this purpose they thought the uninhabited and superb palace of Bridewell well adapted for the reception, punishment, and employment, of strumpets, knavish persons, masterless men and idle vagrants,

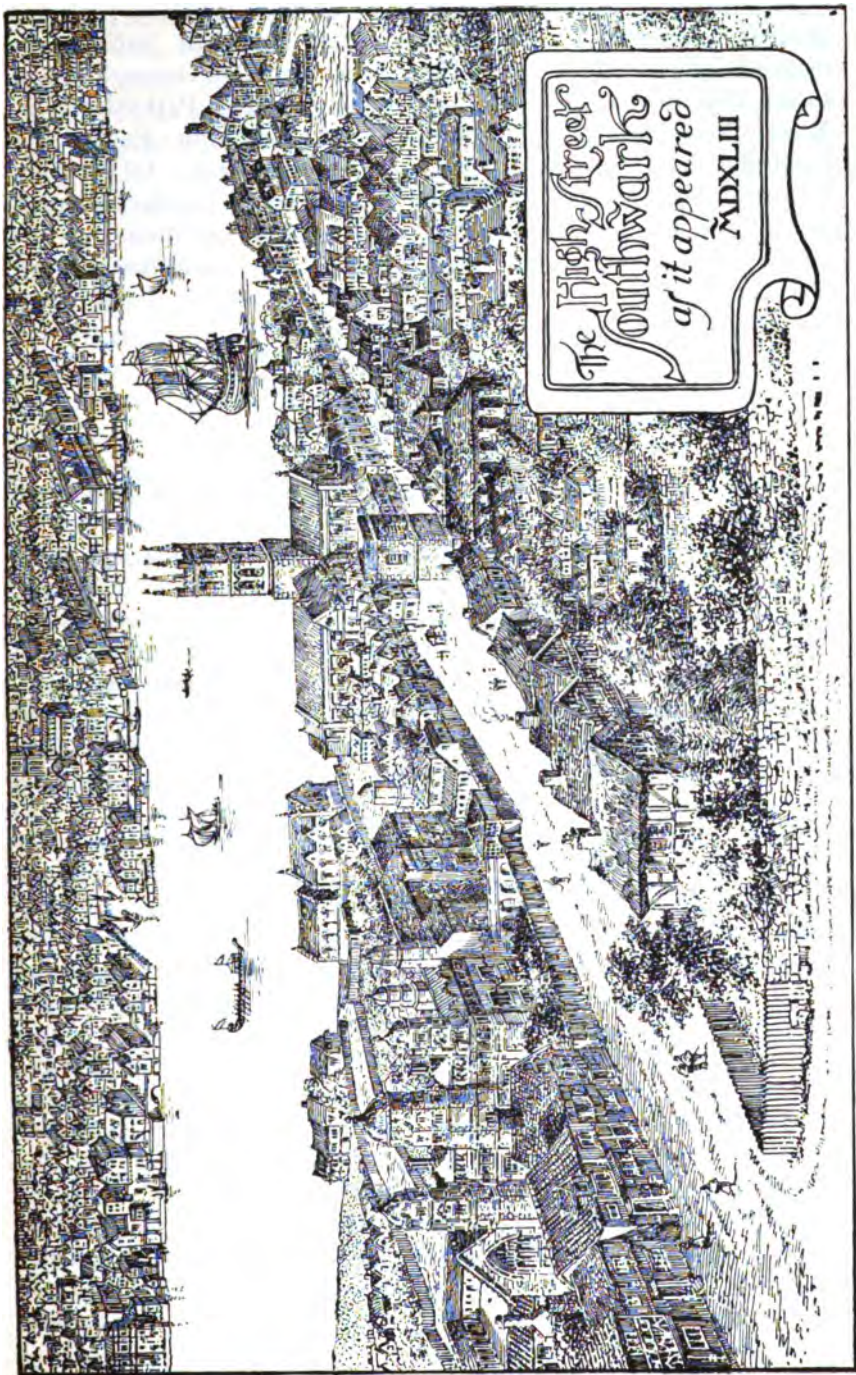
Bridewell derived its name from an ancient well dedicated to St. Bride or Bridget, in its neighbourhood. It was a royal palace as early as the reign of King John, and was rebuilt in a magnificent manner by Henry VIII., for the reception of the Emperor Charles V., who visited England in 1552. Wolsey and the king had both at times lived there. The citizens' petition for this grant was read to the king by Ridley, Bishop of London, and was acceded to. This was the Ridley who was subsequently burnt at the stake, in the following reign of Queen Mary.

Finally, a month before his death, the king incorporated by Charter, bearing the date of June 6th, 1553, the Lord Mayor and Commonalty of the City of London in succession as perpetual governors of St. Bartholomew's, Christ's, Bridewell, and the King's Hospital, which last received the name of St. Thomas the Apostle, and secured to them the possession of all the estates and revenues appertaining to them by previous deeds of gift. So were the Royal Hospitals founded.

Now what manner of place was Southwark during these early centuries of the Hospital's existence? In very early times there were of course very few houses, and what there were should rather be called fishermen's huts; and for many centuries "the fisherfolk continued to live in South London; the last remnant of Thames fishermen occupied, well into the present century, a single court in Lambeth."

Evidence of the Roman occupation of South London has been found; when digging foundations for the new wings to the Hospital in 1840 a tessellated floor was discovered, Roman coins, lamps, and other pottery.

The whole of the land south of the river and opposite to the larger town of Thorney or Westminster on the northern bank, was made up of marshy ground intersected by many streams, and the names of Upper and Lower Marsh and of Newington Causeway still recall the ancient condition of the south of London. An important achievement was the building in very early times of an earthen embankment to prevent the river from flooding the low lying lands; when this was done the place became more inhabitable, and houses sprang up along the Long Southwark or Borough Street. Inasmuch as a vast amount of trade passed along this road, which joined the Dover Road, it would naturally come to pass that numerous inns should appear, and it is unnecessary to point out that Southwark has always been famous for its inns. Not only was trade well represented, but it was also the site for many noble mansions and palaces, and indeed these were among the earliest features of Southwark; thus there was Winchester House (the Palace of the Bishops of Winchester), Rochester House, the Priory



of St. Mary Overie, the Abbey of Bermondsey ; a palace, park and gardens belonging to Charles Brandon, Duke of Suffolk, who married the sister of Henry VIII. A part of the Borough retains to this day the name of his park, hence we find Park Street, the Maze, Great and Little Maze Ponds. Sir John Fastolf, the Falstaff of Shakspeare, had a palace in Tooley Street. Of the many famous inns the chief of all was the Tabard, where Geoffrey Chaucer and his nine and twenty Pilgrims lodged on their way to Canterbury in 1338. In his prologue to the Canterbury Tales Chaucer says :—

“ Befelle, that, in that season on a day,
In Southwerk at the Tabard as I lay,
Redy to wenden on my pilgrimage
To Canterbury with devout corage,
At night was come into that hostelrie
Wel nine and twenty in a compaignie.”

The Tabard has disappeared ; there is, however, a fair portion of the old George Inn still standing in the High Street.

Stretching westwards along the river side was the district known as Bankside, and here were two or three theatres, the most important being the Globe, for which so many of Shakspeare's plays were written, and where Shakspeare himself frequently acted. Here also were the Bear Gardens and the Bull-baiting Ground. Prisons also appeared in Southwark, and of these the most interesting were the old debtors' prisons, the King's Bench, the Marshalsea—of Little Dorritt fame—the Borough Compter, and the Clink, on Bankside.

As time went on and London grew, Southwark became one of its busiest parts, and the High Street one of its main arteries of communication with the country. Vast numbers of coaches, of post-chaises, of waggons, of droves of cattle thronged the streets. Now in early days we have seen Southwark noted for its palaces and churches, but as time went on there was a change for the worse, and it became a harbour of refuge for the worst characters ; in fact certain parts of it became veritable Alsatias where the arm of the Law was quite unable to reach. St. Thomas's Street was known as Thieves' Lane by St. Thomas's Hospital, and Foul Lane was the name of a lane which ended opposite the gate of the Hospital.

Altogether Southwark was a roystering, hard living, bull-baiting, fighting suburb, and we may take it for granted that St. Thomas's never lacked for patients, and that whoever corresponded to our Number One Accident Dresser had plenty of experience with broken heads, drunks, sword thrusts, and the like.

In the time of Elizabeth the Governors of the Hospital possessed the power of inflicting punishment for the better regulation of the

patients, and a whipping-post and stocks were erected. It is said that patients from the Foul Wards, after being cured of their malady, were privately whipped before their discharge, and admonished to pursue a better course of life. The practice was even extended to Sisters guilty of offences within the Hospital, and was given with a will sometimes—for instance, in 1570, one Jone Thornton was ordered “twelve stripes to be well laid on.”

In the sixteenth century there was a very liberal allowance of beer to the patients. Everyone was allowed daily a quart at dinner and a pint at supper, “that is in the hot weather, but after two months their old allowance of one quart.” It appears that the patients got a taste for strong beer and went abroad, notably on the “Saboth day and did abuse themselves in taverns and alehouses to the great displeasure of Almighty God and the misliking of the Governors,” so the strong beer was stopped.

Mr. Rendle gives us an interesting account of the status of the Medical Officers. “In 1557, in the order of the Hospital, the chief officers are noted as the Clerke, Hospitaller and Matrone. The one Surgeon comes in this order; the Clerk and Matron first, then others, then the Cooke, Butler, Porter, Shoemaker, Chirurgian, Barbour and Bedles.”

In 1566 at Bartholomew's—the Mayor and Commonalty are to find eight beadles, competent to deal with valiant and sturdy vagabonds. They are to find also one person sufficiently learned in the science of physick, and one other person having sufficient knowledge in surgery, to attend on the sick and poor.

In the same year the Court of Aldermen ordered the Governors of St. Thomas's to provide a physician to attend the poor, and accordingly one Henry Bull was appointed. One skilful surgeon to heal the sick and infirm had already, in the Charter of Edward VI., 1551, been ordered to be appointed. At first the surgeon had little if any status; in 1574 he has to compete with one officially appointed to cure sore heads; thus in the minutes of 1574 we find that “Edmund Gill was discharged from office of healing sore heads.”

The minutes of the Governors' meetings are very interesting, and I am indebted to Mr. Wainwright for the following items:

In May, 1565. . . “Ordered poor to be put to convenient work immediately admitted, the profit to be paid them on leaving.”

In January, 1566. . . “Richard Moore a poore man to have 16d. for every sore head cured by him.”

In June, 1566. . . “Patients not attending Church to lose their dinner for that day.”

In October, 1566. . . “The Sisters forbidden to buy linen of lodgers.”

In December, 1567. . . . "John Matin for robbing the garden and misbehaviour to receive twenty-five stripes."

We gather from these old records the number of patients in the Hospital, thus some of the numbers for various dates are 143, 156, 130.

Another and one of the choicest bits as illustrating the ways of the times is dated June, 1580, when the "Matron again drunk admonished." Evidently she was somewhat intractable, for in 1584 the Matron is to be removed and her further trial ordered.

There was a ward which received people for the night, with its special sister; and in January, 1604, wayfaring men only were to be admitted as night lodgers. Places were appointed within the hospital for midwifery purposes.

In July, 1639, the Matron is in prison for debt, and a Committee was appointed to see if she could be got out.

At first a special surgeon only was permitted to cut for stone, but in March, 1716, all the surgeons are to cut for stone. It is to be noted that St. Thomas's had a great reputation for the curing of those thus afflicted. In July, 1764, subscriptions were raised to defray expense of supplying the cutting wards with iron bedsteads to get rid of bugs.

As regards the Church of St. Thomas. The first church appears to have been erected early in the thirteenth century, when Pope Honorius gave his mandate to the venerable Peter De Rupibus, that the church should have a cemetery. This led to a disagreement with the ecclesiastics of the neighbourhood, who considered it an infringement of their rights as to fees. The difficulty was got over by a payment to the complaining parishes, and an engagement that the fraternity would bury none but of their own precincts or in exceptional cases. A market for corn and other produce which was wont to be held in the courts of the Hospital was ordered to be held at the very door of the church. At St. Thomas's as in most religious houses, there was in its early days a sanctuary—a refuge against summary vengeance in those lawless times. In the church is said to be buried a Richard Chaucer, a vintner, probably the grandfather of Geoffrey Chaucer.

The Charter granted by King Edward to the Hospital appoints, amongst other officers, two fitting Ministers, one for the poor and officers of the Hospital, the other for the parish of St. Thomas's Hospital, but I believe occasionally the offices were united.

As mentioned above the precincts of the hospital was the scene of the administration of public justice, and in the reign of Henry II. we read of it being administered outside the church of the Hospital by a visiting magistrate, and many were condemned to the pillory outside the church door.

Another interesting item worthy of mention is that early in the seventeenth century "the Hospitaller was sequestered for saying that God will have no mercy on those who die in the Parliament service, adding that those who died at Edgehill in the service of the Parliament went to the devil."

The Registers of St. Thomas's Church for 1665 contain interesting reminiscences of the Great Plague. Before the Plague the death entries for the parish were few and far between, but as soon as the Plague appears they become increasingly numerous, so that page after page is filled with names after which the ominous word "Plague" appears, but after a time it evidently became too monotonous to write that word fully, and so the letter "P" is used instead. Further the hand-writing changes once or twice, as though the writer himself had succumbed to the scourge.

There are a few memorial tablets on the walls, and among them one to the memory of two House Surgeons of the Hospital, Grabham and Complin, who died of fever at Scutari, whither they had gone to tend the sick and wounded.

The church now standing dates from the year 1703. It is a Donative, in the private gift of the Governors of the Hospital. It is possible that it is nearing its last days, for authority has been sought to appropriate the church as a Chapter House for the Collegiate Church of St. Saviour's, or even to pull it down and to dispose of the land.

But to return to the Hospital which we have seen refounded by King Edward. After this great event a period of quietude ensued, and nothing of great importance happened. For some time it appears to have been in a very poverty-stricken condition, for in 1560 the whole freehold was pawned to the City for £50; however, later on the property of the Hospital was augmented by successive bequests and donations. By a proclamation of Queen Elizabeth, dated the 7th of July 1580, we find that Her Majesty, becoming apprehensive from the increased magnitude of the metropolis and its confined state, that not only the ravages of the plague and other pestilential diseases were to be feared, but also that the price of food would be enhanced, forbade all persons from increasing the number of buildings under severe penalties, which were to be forfeitable for the use of the City Hospitals. Had such a rule been carried out the Hospital would have more money now than it would know what to do with.

Sometimes we find the Crown interfering with the appointment of surgeons to the Hospital, thus—"In 1634, Charles I. wills the appointment of Enoch Bostock as Chirurgion, and doubts not of your readiness to give us satisfaction." Again in 1649, Oliver Cromwell is "glad itt falls in my way to accomodate both you and

soe good a friend of mine as ye bearer hereof Mr. Barth Lavender." If they accede he continues "I shall be a debtor to you for ye condescension (I meane thanks). Trust me Gentlemen did not ye abilities and worth of ye man intercede with me, I should nott have moved you on his behalfe, but having a man thoroughly tried in ye service of the State and found able and faithful in his profession, I could nott reasonably denie him my best assistance in soe faire a motion as to obtain ye reversion of a Chrurgeon's place with you in your hospital, wherein if you shal please to gratifie him and me, you need not fear butt of our gratification herein will soon become your owne, wich nottwithstandinge I doe mention or intend as a consideration for your favor.—Your very lovinge friend, O. CROMWELL."

I cannot find the above mentioned on the list of surgeons, and in the minutes for 1649 it is decreed that no reversions shall be granted. If this decree were passed after the receipt of the great Protector's letter, it shows a degree of courage in the Governors that we may well be proud of.

In 1663 King Charles II. acknowledged and confirmed the Charter granted by Edward VI.

In 1664 we find St. Thomas's fulfilling its function as a military hospital, as we learn from the following entry in John Evelyn's Diary, under date of 2nd of December of that year—"We delivered the Privy Council letters to the Governors of St. Thomas's Hospital that a moiety of the house should be reserved for such sick and wounded as should from time to time be sent from the Fleete during the year."

The Great Fire of London in 1666, and the extensive Southwark fires in 1676, 1681 and 1689 did no further injury to the Hospital than affecting its revenues.

"When Charles II. seized the Charters of the City of London in 1681, he issued a Commission to remove from St. Thomas's Hospital all those who did not approve of the arbitrary measures of the time." Several Governors and the Hospitaller were ejected. However, "on the Revolution the Charter of the City was restored, and the intruding Governors and the Hospitaller were removed, and the former ones replaced." As may be imagined all this was not effected without strenuous opposition.

[We are again indebted to the Editor of the *Pall Mall Magazine*—for the illustration of the High Street, Southwark. It shows St. Thomas's Church and the Hospital buildings in a line with it. The pillory may be seen in the middle of the street opposite the Church. St. Mary Overie is a prominent feature on the opposite side of the High Street by the river side. Winchester House is the imposing building opposite St. Thomas's Church. The south end of London Bridge is also included.

The frontispiece, "St. Thomas Hospitall in Southwark," is from a photograph by Mr. Cobb of an old print.]

To be continued,

The Life History of the Malaria Parasite.

GENTLEMEN,—

Before telling you what the malaria parasite is, I will tell you what it is not. The malaria parasite is not a bacterium. It is an animal. Apparently in consequence of the prevailing idea that all germs are bacteria, I am often asked how to cultivate the malaria parasite. You can no more cultivate it on agar-agar, or bouillon, or other bacterium-nurturing medium, than you can a tape-worm or an ox. The malaria parasite is a unicellular animal, and belongs to that division of the Protozoa known as the Sporozoa.

The diseases it gives rise to are as a rule characterised by periodicity, with a cycle of twenty-four, forty-eight or seventy-two hours. The typical malarial attack, which is known as ague, is generally characterised by the three phases of rigor, heat, and sweating. On examining the blood of the patient shortly before the rigor stage you find in a certain proportion of the red corpuscles a peculiar body. It does not occur in many of the corpuscles; you may find it in one in 200, or one in 500 or 1000; perhaps in not so many as that even. It is an irregularly-shaped disc, pale in colour, speckled over with particles of intensely black pigment, and fringed by a zone of hæmoglobin. If these bodies are examined a little later, during rigor, you find that the black particles have moved towards the centre, and that the protoplasm of the parasite, now free from pigment, has arranged itself into a rosette body. It is this formation of the rosette body which enables us to classify the malaria parasites among the Sporozoa, the elements forming the rosette being the spores. A little later the surrounding zone of hæmoglobin falls away, and the spores become free in the blood. As regards these spores many are swallowed up by the phagocytes, while a proportion enter red corpuscles, where they may now be seen to exhibit active amœboid movement. Later still the little amœboid body may be seen to have increased in size to about half the size of the red corpuscle, and now one, or two, or more grains of black pigment appear in it, and the amœboid movement diminishes. Later still, in ordinary tertian or quartan infection, the parasite grows until it fills the corpuscle altogether. Then follow once more concentration of pigment, formation of rosette, and a repetition of the cycle I have described.

There are three well-marked varieties of malaria parasite, and the same number of types of fever. One parasite produces a fever with a cycle of forty-eight hours—the tertian parasite, with morphological peculiarities perfectly recognisable. Another variety—the quartan—produces a fever with a cycle of seventy-two hours. The third also has a cycle of approximately forty-eight hours, but it is

more irregular in its manifestations ; it is known as the æstivo-autumnal parasite.

The life cycle of the parasite in the human body is simple, is easily followed, and it is of extreme value to be able to recognise it. From observation of any of its phases you can diagnose with certainty the presence of malaria, the type of infection, and indeed in most cases the stage of the cycle ; and, further, you can with fair certainty prognosticate the time of appearance of the next attack of fever.

To continue to exist as a species all parasites must at sometime escape from their host. Such an escape is biologically necessary in the life of every parasite. How does the malaria parasite escape from the human body ? What provision is there in the life of the malaria parasite for its continuation as a species ? In the cycle in the human being, just described, there is no provision for this.

If you examine the blood of patients with tertian infection you will occasionally come across a large spherical body composed of the same material as the intracorpuseular parasites I have alluded to. If you keep one of these spherical bodies under the microscope for some time and carefully observe it, you will notice that after a time it becomes agitated, the pigment it contains is churned up as it were, and the whole mass is jerked about ; presently you will see shot out from the periphery of the sphere long flagella—one, two, three or more.

In quartan fever a similar but somewhat smaller body may be observed ; the pigment particles in the centre undergo the same movement, there is the same jerking about, and again you will see flagella shot out.

If you examine the blood in a case of æstivo-autumnal fever you will see at certain times a crescent shaped body with a quantity of black pigment accumulated towards the centre. This crescent is included in the remains of a red blood corpuscle, for you can trace the hæmoglobin continued round the whole of the periphery of the crescent. After a time the crescent becomes shorter and kidney shaped ; later it becomes a sphere, and the pigment originally at the centre becomes scattered about, moves rapidly, and finally long flagella are projected, just as in the case of the quartan and tertian spheres.

Now you never find these flagellated bodies in freshly drawn blood, but only after it has been shed for some ten to thirty minutes. As the flagellated body is never found except outside the human body its function also must lie outside the human body. If you watch them you will see that the flagella are in a state of continual violent movement. They are evidently endowed with relatively great power, for if a blood corpuscle be near you may see it buckled

up by the lashing whirling flagella. Occasionally you will see a flagellum break away and swim free in the blood. These phenomena are not accidental. What then can be the object of this flagellated body? It is there for a purpose, and this undoubtedly is one in its own interest.

Many observers have stated that these flagellated bodies were only pieces of dying protoplasm, and without any bearing on the life of the parasite. This is absurd. The flagellated body is not dead, and it does not indulge in these violent movements for its own or for the pathologist's amusement. I think this production of the flagellum is a fact of the greatest significance.

Sometime ago an American pathologist (MacCallum) while observing these flagellated bodies, saw a flagellum which had broken loose rush up to a sphere which had not produced flagella, and as it were attack it; the sphere then sent forth a minute process of protoplasm at the point where the flagellum came in contact with it, and presently the flagellum entered the sphere and coiled itself up within. This was a distinct act of impregnation.

MacCallum observed a similar phenomenon in certain birds, in the oval blood corpuscles in which a parasite (*Halteridium*), similarly composed of pale protoplasm and black pigment, is of frequent occurrence. When such blood is placed upon a slide a large number of spherical halteridia escape from the corpuscles and become free in the blood. He observed a hyaline and a granular form. The hyaline form produced flagella, which broke away and sought to enter the granular non-flagellated form. On one flagellum succeeding in effecting an entrance it was no longer possible for any other flagella to enter the sphere. The impregnated sphere now began to change shape; it became oval, and pointed at one end, and the grains of black pigment tended to accumulate at the more obtuse extremity; in some instances this pigment accumulation assumed the form of an appendage in the posterior part of the elongated parasite which now began to move, at first slowly, and then more quickly. If it chanced to run against a white or red corpuscle it would go through it.

As the flagellated body of the malaria parasite is very similar in other respects to that observed by MacCullam to produce this travelling vermicule in birds, although the complete process has not been observed in its entirety, we are justified in concluding that a similar travelling vermicule is formed by the impregnation of the malarial sphere by the flagellum in human malaria. This being so, we may again put the question "What is its purpose?"

In order to be clear about the answer I must go back, so to speak, in my argument. The malaria parasite inhabits the red blood corpuscle; it cannot therefore escape by its own efforts from

the body. Something extraneous must intervene to withdraw it from the body if the parasite is to continue to exist as a species. What is that something?

Malaria is notoriously a disease of swampy districts. It is easy to imagine that the blood-sucking mosquito should be the liberating agent for the malaria parasite. My friend, Surgeon-Major Ross, exploited this idea in India. He procured mosquitos and liberated them on a malaria patient having an abundant supply of crescent parasites in his blood. When the mosquitos had filled themselves with blood, Ross dissected them, and examined them at intervals of ten, twenty, and thirty minutes after feeding. He found that the parasite rapidly produced the flagellated body; exflagellation was favoured by the conditions the parasite finds in the mosquito's stomach. Stimulated by this important discovery Ross tried to make out the subsequent life history of the parasite; but for months and years he laboured in vain. One day he happened to notice a peculiar species of mosquito in his mosquito net; he caught these insects and got them to feed on malarial blood containing many crescents. In forty-eight hours he found on dissection of one of these mosquitos, scattered about in the muscular fibres of the mosquito's stomach a number of oval or spherical bodies containing a quantity of black pigment exactly like the pigment of the malaria parasite. A day later he sacrificed a second mosquito and found a similar but larger body between the longitudinal and transverse fibres of the insect's stomach. Later still, on the third day, he found a similar but still larger body in a similar situation, and now measuring 30-40 micro-millimetres in diameter, also with the same kind of pigment.

Ross concluded, and rightly concluded, that he had found the first, or mosquito, stage of the malaria parasite outside the human body.

To get patients to submit to be devoured by mosquitos was not easy, so he turned to the malaria-like parasite of birds—the familiar sparrow. He found that the blood of a large proportion of Indian sparrows contained an intra-corpuscular parasite called *Proteosoma*. Like the malaria parasite it readily forms flagella. Accordingly Ross put a number of sparrows with *Proteosoma* inside the mosquito net and liberated on them a batch of common grey mosquitos. Next morning he found the mosquitos sticking against the inside of the net with their abdomens distended with blood. In every instance the stomach walls of the insect were found on dissection to contain pigmented parasites exactly like those of malaria. The parasites rapidly increased in size, as was readily ascertained by serial dissections. They penetrated the stomach wall, and lodged themselves towards the outer wall of the stomach. At the end of thirty-six

hours they measured 6-7 micro-millimetres, while at the end of a week they had become bodies measuring 40 to 70 micro-millimetres. Many of them now had a streaked appearance, and projected as wart-like growths on the outer surface of the stomach of the insect. Ross was able to rupture these larger growths, and he succeeded in expressing from them a crowd of minute rod-like motionless bodies. Keeping one of these mosquitos for six or seven days he found on dissection these rod-like bodies diffused through all the tissues of the mosquito. He found that by pricking such a mosquito he could obtain a small quantity of the insect's blood, and in this also he found enormous numbers of these little rods—"germinal rods" he called them.

One day he came across a peculiar trilobed gland in the neighbourhood of the head of the mosquito. The lobes were made up of large, clear, spherical cells arranged along a duct. These ducts uniting formed a common duct opening into the proboscis of the mosquito. This gland is the veneno-salivary gland; it secretes the fluid the mosquito injects when she bites, which is the cause of so much irritation.

Incorporated in the cells of these glands Ross found in practically every mosquito which a week previously had fed on *Proteosoma* infected sparrows an enormous number of these minute germinal rods. Possibly, he now thought, this is the way in which malaria and similar parasites are conveyed, the route by which the parasites get into man or bird. Ross experimented with sparrows in which the *Proteosoma* could be found, and also with others in which they could not be found. He fed mosquitos on the sparrows with the *Proteosoma*, and then a week later, when he knew their salivary glands must contain germinal rods, let them loose on sparrows without *Proteosoma*. After a week or ten days the blood of these hitherto uninfected sparrows was full of parasites; thus proving that the mosquito was a means by which the parasite could be conveyed from one sparrow to another. Observation and analogy justify the conclusion that human malaria is conveyed in the same or a similar way.

Ross did not have much opportunity in India to experiment in order to confirm this idea as regards human malaria, as the natives, owing to the plague scare, were very much afraid of the necessary experiments. However, the Italians in Rome had no such difficulties, and Grassi, by a process of exclusion, came to the conclusion that a certain species of mosquito (*Anopheles claviger*) was the means of conveying at least one form of the malaria parasite—the æstivo-autumnal type. He presented some of these mosquitos to Bignami, who experimented with them on human beings. A patient who had never had malaria submitted

to being bitten ; after a time he had an attack of fever, and Bignami on examining the blood found, after the first few hours of fever, the characteristic parasite of the æstivo-autumnal infection. This was fairly conclusive, and since then the experiment has been repeated three times with success. With a fair degree of certainty we may now conclude that one way at least of being infected with malaria is through the bite of certain species of mosquito.

As regards the parasite the sequence of events is doubtless as follows :—

A patient with crescents in his blood is bitten by a particular species of mosquito ; in the stomach cavity of the insect the crescents become spheres, then flagellated bodies ; some of the flagella become free and enter granular spheres, which become converted into travelling vermicules ; these now penetrate and become lodged in the stomach wall of the mosquito ; as they grow they protrude through the stomach wall and finally rupture, discharging their contents (the germinal rods of Ross) into the somatic cavity of the insect ; the germinal rods are then taken up by the blood, and so reach the salivary glands, whence they are discharged into human tissues when the mosquito feeds on a second human being who, in due course, will develop malarial fever and carry away in his blood the human or sporulating phase of this complex malaria parasite.

I think it right to mention that in addition to the bodies containing the germinal rods, Ross found in the stomach wall of his infected mosquitos similar bodies, but containing certain objects which he calls "black spores," the use and function of which are as yet unknown.

He could not get these "black spores" to undergo any development. Probably they have something to do with the life of the parasite outside the body, and may subserve some other mode by which the parasite is kept going as a species.

Some of you will doubtless practise abroad ; I strongly advise all such to use every opportunity of examining, and becoming familiar with, the malaria parasite. I will conclude with one or two cases in which knowledge of this parasite proved of the greatest practical value. When Dr. Spencer (a St. Thomas's man) was House Physician at the Seaman's Hospital, Greenwich, a broken down old man was admitted, apparently with dysentery. There was no suggestion of malaria, but because the patient came from a malarial country and his temperature was higher than is usual in dysentery, Dr. Spencer examined the blood, and found in it a large number of malaria parasites. This was a distinct indication for treatment. Apparently the patient had dysentery, but the presence of the malaria parasite pointed to quinine rather than to ipecacuanha ; in a day or two the patient was out of danger. But for the blood examination he would in all probability have died.

I will give you another case in my own practice. A medical man, a surgeon-major in the Indian Army, was invalided home for fever. His wife asked me to see him; he had been lying ill with fever for many months. I went to his house and found him with what looked like a typical malaria chart beside his bed. There was a story of rigors, sweating, &c., and a temperature of 103° or 104° every afternoon; so regular was the recurring fever that he believed he was a subject of malarial infection. If fever does not respond to quinine in three or four days it is not malaria; you may take this as an axiom in diagnostics. This patient had been taking quinine for a long time, and I therefore told him he could not have malaria. As it is of no use examining the blood for the malaria parasite in a patient who has been recently taking quinine, at the patient's request I waited a week; I then examined it with a negative result. He asked me to try quinine once more; we did so, but it did no good. The cause of his fever was a liver abscess; he was operated on and got well. The negative blood examination excluded malaria.

A gentleman came from India, where he had been treated for liver trouble for nine months with no result; he was emaciated, and his liver and spleen were both enlarged. Remember that in tropical diseases if the liver and spleen be both enlarged, if the liver be primarily at fault it will be enlarged to a greater degree proportionately than the spleen, whereas in malaria the spleen is relatively the bigger. This was so in this gentleman. I examined his blood and found it full of parasites. Under quinine he was quickly cured.

Another point; sooner or later a full knowledge of the ætiology, and of the conditions favouring malaria will be attained. When we know the full cycle of the parasite after leaving the mosquito, which species of mosquito subserve it, what places these mosquitos infest, and under what conditions they thrive, we shall know perhaps how to exterminate malaria from many places where at present human life is practically impossible. It is perhaps not too much to say that in ten years this consummation may be attained.

PATRICK MANSON.

Medical and Physical Society.

A Clinical and Pathological Meeting was held on January 26th and the following gentlemen shewed cases:—

Dr. Turney—a case of paralysis agitans, with muscular atrophy.

Mr. Abbott—a case illustrating intra-uterine rickets; a case of supposed Dupuytren's contraction in a baby of four months; a case of nævoid tumour of neck.

Mr. Wallace—a case of angio-neurotic œdema, and one of functional hip disease.

Dr. Russell—crossed paralysis, due to thrombosis of basilar artery.

Mr. Bingham—two cases of deformity of radius.

Mr. Greaves—cases of sarcoma of knee and of tubercular dactylitis.

Dr. Tate shewed a number of specimens, macroscopic and microscopic, of carcinoma of the uterus.

Mr. Wallace shewed several plaster casts illustrating various deformities.

On March 2nd a very large audience assembled to hear Dr. Patrick Manson on "The Life History of the Malaria Parasite." Dr. Manson is not only the highest authority on Tropical Diseases, but he is also a model lecturer; he spoke without any notes, and every word was listened to with the keenest appreciation. His beautiful microscope specimens also aroused great interest. At the conclusion of his address a vote of thanks was proposed by Dr. Spencer, and seconded by Dr. Acland. The Society owes a debt of gratitude to Dr. Manson and to the President, Dr. Turney, for inducing him to come to St. Thomas's. We give the lecture almost in full detail, feeling sure that everyone will be glad to possess it.

In Memoriam.

A. STANLEY MATTHEWS.

It is with great regret that we record the death of A. STANLEY MATTHEWS, which took place on February 24th. He died after a short illness from pneumonia, following influenza. Probably no man in the Hospital was better known, and everyone who knew him liked him for his happy, kindly disposition and his capacity for seeing humour in the most uninteresting details of everyday life. To those who knew him well he was more than a merry companion, and his loss has been keenly felt by men in every stage of their career. We, in the name of St. Thomas's, offer our most sincere sympathy to his relatives.

Hospital News.

We congratulate Mr. John F. McClean on his appointment as Chief Surgeon to the British Hospital, Constantinople. The hospital is for British seamen, and is about to be rebuilt, with accommodation for fifty patients. There is a large English colony in Constantinople, and the appointment seems in every way a most desirable one.

The new medical out-patient department for children duly commenced on Wednesday, March 16th. The entire department, consisting of Assistant Physician, House Physician, clerks, nurses, and porter, assembled in force, investigated about eighteen inches

of humanity, diagnosed it, treated it, and no more inches appearing solemnly dispersed. This, however, was a beginning, and when the fact has penetrated to the heart of Lambeth that Wednesday morning is the time for children, the department will have no cause for complaint for lack of material.

There has been no lack of agitation for the telephone lately, and before very long the Hospital will be fitted throughout with it. Several of the staff have it already, but until the Hospital possesses it they are inaccessible, unless by messenger. Every House Surgeon and House Physician knows what it is to sit up in the small hours of the morning while a porter drifts slowly westwards and back in a cab. However, this will soon be a thing of the past.

The session of the Medical and Physical Society was brought to a close on March 9th with Dr. Sharkey's paper on "Murchison." It has been a highly successful session, and the President and Secretaries are to be congratulated on the result of their labours. No evening was devoted to a debate; on the whole this seems rather a pity. It is certainly not that medical work lacks debateable matter, but there is usually some difficulty in arranging it. Perhaps next session we may see the debate re-introduced. It is also noticeable that no unqualified men contributed papers. This is of course an old story, for the Secretaries have always found it very difficult to induce any student to participate. We hope all students realise that any paper on any subject they may be interested in would be received with open arms by the Secretaries. The attendances this year have been very good—probably the record. The clinical and pathological evenings are invariably successful; the cases are well shown, and frequently form a collection which for interest could scarcely be surpassed anywhere.

Dr. A. W. Sikes is leaving the Physiological Department temporarily, to do research work in Chemical Physiology in Germany. During his absence Mr. A. W. Jones will act as Demonstrator.

We were glad to see St. Thomas's represented in the England v. Scotland Match in the person of Rotherham, who played half.

Two more Hospital Gazettes have appeared, from Charing Cross and Westminster respectively. Both make a good start, and we wish them every success. By now, practically every medical school in London possesses its own journal.

The Rugby Football season has been very unsatisfactory both in material and result. Out of twenty-two matches played, we have

won four and lost eighteen, including matches played in combination with Guy's. We have been unfortunate in rarely being able to place a representative team on the field ; men have been absent when required. As an instance of this, we have had no fewer than sixteen different men at three-quarters back. Of course it is impossible to get good combination with such changes. Our strongest position was at half, where our men worked well and were more effective. The forwards possessed some talent, but did not combine well ; they were especially weak in foot work and somewhat light in the scrums ; amongst them Martin was much the best. In defensive work Harwood and Greg were always invaluable to us, Greg's tackling being particularly fine. Hanbury played in every match, working hard, and made an excellent captain of a team much below the usual average of St. Thomas's premier fifteen. We got into the second round for the Cup, but failed to regain the trophy, which went most deservedly to Guy's. This year, in conjunction with Guy's, we defeated Blackheath, which was a creditable performance, and one that has not been done for some years. The second fifteen has not been quite so unfortunate as the first, but has had to scratch a good many matches, owing to the difficulty of raising a team.

For the forthcoming 67th Annual Meeting of the British Medical Association, which will be held at Portsmouth in the first week of August, Dr. Payne has been elected President of the Section of Pathology. Dr. Payne has also been elected Librarian to the Royal College of Physicians.

In a most appreciative letter, re the articles on "Surgical Technique" in the last two numbers of the GAZETTE, an old St. Thomas's man says : "It is difficult to imagine anything more useful to the old student ; it is just what he wants, and what he cannot get from the text-books." We hope in the future to publish similar articles dealing with some of the other departments of the Hospital.

The statue of the Queen in the central hall is to be moved to a better position. To effect this, one of the pillars is to be done away with and replaced by an arch. The statue will then be moved so as to face the main corridor.

With so many changes in progress may we put in a word for the wards ? The walls are in such a condition that mere washing makes little effect ; they want thoroughly repainting from end to end.

Various changes are in progress among the nursing staff. Miss Wrigley, who has been with us for so many years as Casualty and Out-Patient Sister, will shortly leave St. Thomas's for the post of Matron to the Cheltenham Hospital. Miss Wrigley leaves amid

universal regret, and her loss will be greatly felt by the department to which she has been so long devoted. As a memento, the entire Out-Patient Staff assembled for a photograph. Miss Herbert is also leaving, and her place as Sister Elizabeth will be taken by Miss Froude, who will be succeeded in the theatre by Miss Innes. Miss Easton has resigned her appointment of Matron to the Waterloo Road Hospital for that of Matron to the Reading Hospital.

We have received from Messrs. Burroughs & Wellcome a sample of their Carbolic Soloids. Each represents sixty grains of the pure acid, and makes six ounces of a one in forty solution. It is an excellent idea, for carbolic is an awkward thing to carry about, and these soloids should prove most useful.

Football News.

RUGBY.

FIRST FIFTEEN v. COVENTRY.

This match was played on 25th February at Coventry. We were able to take down only a weak team and had to borrow two substitutes there. We met our opponents at full cup-tie strength, and were badly beaten by 4 goals 7 tries to 2 tries. Our opponents generally got the ball in the scrums, and were able to feed their splendid three-quarter line, which showed to great advantage. Our first try was obtained by Holland after a pretty piece of work by Harwood and Pinches. Our second try was scored early in the second half by Little, after some good following up. We were completely out played except at half, where Harwood and Holland showed up well. The team were entertained at supper afterwards by the Club.

Team:—G. Seymour, back; H. G. Pinches, L. F. Hanbury, R. H. Bridges, E. T. Holland, three-quarters; B. G. Patch, J. C. S. Oxley, R. J. C. Thompson, H. Z. Stephens, J. Little, J. F. Cunningham, two substitutes, forwards.

Volunteer Medical Staff Corps.

THE third Annual Ball given by the St. Thomas's and St. Bartholomew's members of the Volunteer Medical Staff Corps was held at the Queen's Hall, Langham Place, on February 8th. The Committee are glad to be able to record a surplus of £4 18s. 1½d.

It has been unanimously resolved:—"That this be devoted as it stands to the Memorial Fund of the late Surgeon-Lieutenant Kanthack, Professor of Pathology at Cambridge University, in recognition, not only of his great services to the profession, but also that, in spite of the many demands on his time, he was able to devote a portion of his leisure hours to the Volunteer Service."

Books for Review.

THE YEAR BOOK OF TREATMENT. (Illustrated.) Messrs. Cassell & Co.
Pp. 472.

No year book appears for fifteen consecutive years unless it achieves real success, and this can honestly be said of the Year Book of Treatment. Twenty-seven authors contribute to it, and each article is kept within its fair limit of space. There is a very good section on the Diseases of the Lungs by Dr. V. D. Harris, and this is followed by a particularly clear account of the open-air treatment of Phthisis by Dr. F. W. Burton-Fanning, of Norwich. Dr. Hawkins contributes the section on the Digestive Tract and Liver, with special reference to Colitis and Hyperacidity of the Stomach. All the articles are well worth studying, and the book as a whole cannot fail to be of great use to all qualified men. It is impossible for anyone to read widely in all branches of medicine, but an excellent survey of every branch is given in this work, and in such space that even the busiest can read it. The book is well printed and bound, and there are a fair number of illustrations.

VACCINATION: ITS NATURAL HISTORY AND PATHOLOGY. By S. Monckton Copeman, M.A., M.D. Cantab., M.R.C.P. Macmillan & Co., 1899. Price 6s. net.

We think Dr. Copeman is well advised in publishing his Milroy lectures in this handy form. The book is particularly acceptable at the present time, when the subject is of such vital importance and so much under discussion in circles both lay and medical. The introduction to the work consists of an outline of the history of variola, of the practice of inoculation, and of the introduction by Jenner of vaccination. The relationship of variola and vaccinia is next carefully discussed, and a brief history of the various strains of lymph is given. The bacteriology of vaccine lymph and the glycerination of lymph are subjects which Dr. Copeman has made peculiarly his own, and the account given is full of interest. Dr. Copeman's claims with regard to the discovery of the germicidal action of glycerine on the "extraneous" organisms in lymph are generally recognised. The great value of such a discovery can hardly be under-estimated, particularly since the product loses none of its potency and retains its full activity for eight months. We cordially recommend the careful perusal of Dr. Copeman's work.

THE STUDENT'S PRACTICAL MATERIA MEDICA. By Grace H. Giffen. (Second Edition.) Edinburgh: Messrs. E. & S. Livingstone. Price 2s.

This is another of the small manuals or guides so much in vogue at present, of which Materia Medica is responsible for many. The

official preparations and their doses are given first; then follows a chapter on the official parts of plants, one each on the products of plants, on animal substances, on acids; and finally the tests for various substances are given. Naturally the descriptions are very brief. It seems to be accurate as far as it goes, and is doubtless intended for students as a pocket companion just before an examination.

NINE MEDICAL SONGS. Words by J. Blumfeld, G. H. Ransome, and F.H.; music by C. N. Chadburn. Price 2s. 6d.

We have nothing but the heartiest admiration for the talent that produced this really excellent collection of songs. Some are purely topical to St. George's Hospital. "Back to the corner again" and "The lament of the large white kidney" are especially good, and the music of the former very taking. They will make excellent songs for a Hospital Smoking Concert.

Examination News.

UNIVERSITY OF LONDON, JANUARY, 1899.

Preliminary Scientific Examination.

Biology.—C. H. Latham, S. H. Pitcairn, G. Price, C. M. Roberts, F. W. W. Smith, F. H. Whitehead. (All have now completed the Examination.)

Intermediate Examination in Medicine.

Physiology only.—N. Carpmael, A. C. Haslam, A. C. Parsons.

ROYAL COLLEGE OF PHYSICIANS.

M.R.C.P. Examination.

H. J. Davis, M.A., M.B., B.C. Cantab.

UNIVERSITY OF BRUSSELS.

M.D. Examination.

F. H. Gervis, M.R.C.S., L.R.C.P.

CONJOINT BOARD, JANUARY, 1899.

First Examination.

Chemistry and Physics.—H. L. Evans, L. S. Hooper, G. O. Parsons, H. Wheelwright.

Practical Pharmacy.—H. G. Pinches.

Elementary Biology.—H. S. Bennett, A. C. Birt, H. D. Cochrane, A. S. M. Hutchinson, A. J. H. Iles, J. C. F. D. Vaughan, B. J. Wakley, H. A. W. West, J. H. M. Whitehead.

Second Examination.

Anatomy and Physiology.—A. A. F. Clarke, T. B. Henderson, E. T. Holland, A. Mavrogordato, E. Prall, B. E. Sanson, W. H. E. Stewart, A. Whitehead-Smith.

Third Examination.

Medicine.—*R. H. Allport, F. Bawtree, *A. Bevan, *E. C. Bourdas, T. L. Braidwood, *B. F. Howlett, E. Hudson, *A. W. Jones, *C. B. Moss-Blundell, E. E. Nicholl, J. M. A. Olivey, J. C. S. Oxley, *T. Perrin, *C. W. Pilcher, B. C. Stevens, N. Unsworth, *P. G. Williams.

Surgery.—H. R. Beale, D. J. Bedford, *A. Bevan, *E. C. Bourdas, T. Burfield, C. J. Copp, G. H. Dominy, *J. Gaff, C. M. Goodbody, R. J. Horton-Smith, *A. W. Jones, H. S. Libby, T. B. Marshall, A. E. Martin, *C. B. Moss-Blundell, S. B. Stedman.

Midwifery.—R. Allott, E. W. Browne, J. F. Cunningham, L. S. Dudgeon, H. S. Harris, R. J. Horton-Smith, T. A. King, A. E. Martin, *C. W. Pilcher, B. C. Stevens.

* These Gentlemen have completed the Final Examination.

House Appointments.

House Physicians—

G. B. Thwaites, L.R.C.P., M.R.C.S. (extension); E. A. Gates, L.R.C.P., M.R.C.S.; A. E. Stevens, M.B. Durham, L.R.C.P., M.R.C.S.; H. D. Singer, M.B. Lond., L.R.C.P., M.R.C.S., (extension).

Assistant House Physicians—

E. H. Ross, L.R.C.P., M.R.C.S.; H. C. Thorp, M.A., M.B., B.C., Cantab.

House Surgeons—

S. O. Bingham, L.R.C.P., M.R.C.S.; E. M. Corner, M.A., M.B., B.C., Cantab., B.Sc., Lond., L.R.C.P., M.R.C.S.; J. A. Barnes, L.R.C.P., M.R.C.S.; J. E. Kilvert, L.R.C.P., M.R.C.S.

Assistant House Surgeons—

H. J. Phillips, L.R.C.P., M.R.C.S.; P. W. G. Sargent, M.A., M.B., B.C., Cantab., L.R.C.P., M.R.C.S.; S. A. Lucas, L.R.C.P., M.R.C.S.; H. T. D. Acland, L.R.C.P., M.R.C.S.

Obstetric House Physicians—

Senior—R. H. Bell, M.A., M.B., B.C., Cantab., L.R.C.P., M.R.C.S.

Junior—S. H. Belfrage, M.B., Lond., L.R.C.P., M.R.C.S.

Ophthalmic House Surgeons—

Senior—J. S. Hall, L.R.C.P., M.R.C.S.

Junior—T. Hoban, L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Departments for Diseases of the

Throat—W. C. Ambrose, B.A., Cantab., L.R.C.P., M.R.C.S. (extension).

E. C. Bourdas, L.R.C.P., M.R.C.S.

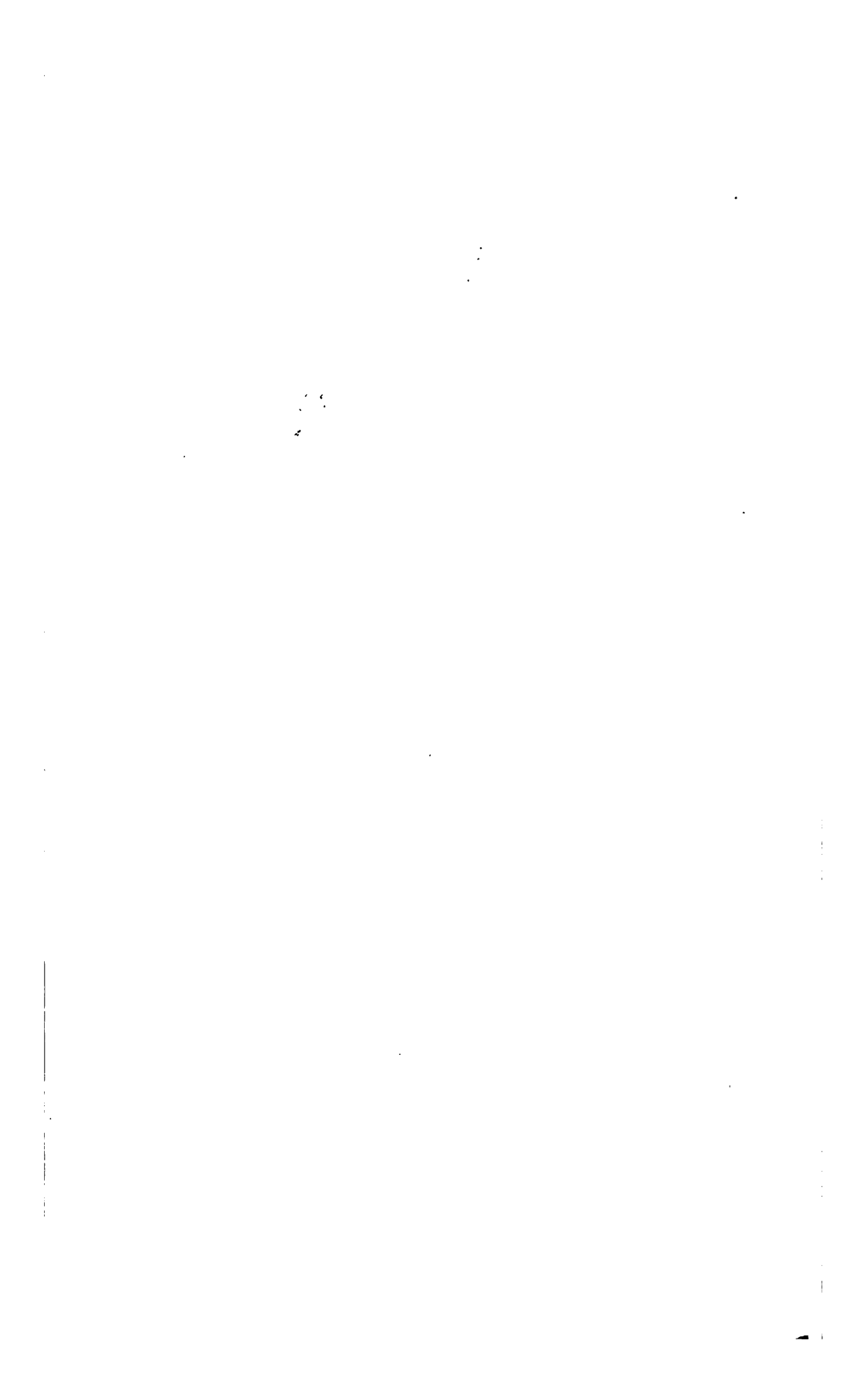
Skin—H. M. Scaping, B.A., Cantab., L.R.C.P., M.R.C.S. (extension).

J. Gaff, L.R.C.P., M.R.C.S.

Ear—A. W. Jones, L.R.C.P., M.R.C.S.

Clinical Assistants in the Electrical Department—

H. N. Goode, L.R.C.P., M.R.C.S. (extension); A. Bevan, L.R.C.P., M.R.C.S.





ST. THOMAS'S HOSPITAL.

Shewing the two blocks built after the pulling down of the old front court.



SURREY GARDENS.

St. Thomas's Hospital Gazette.

No. 4.

MAY, 1899.

Vol. IX.

Old St. Thomas's.

(Concluded.)

By the end of the seventeenth century, in the reign of William and Mary, the hospital had fallen into such a state of dilapidation that in 1693 subscriptions were opened for the purpose of rebuilding it. A long list of Governors was made out, of those who had given, and, by way of stimulus and reminder, also of those who had not subscribed towards the new buildings. Altogether about £38,000 were contributed.

Among the foremost of the benefactors of the hospital was Sir Robert Clayton, sometime Lord Mayor of London, who headed the list with £600, besides endowing it in his will with £2,300 more. The third court or square was built by him, and in 1701 his statue was placed in it. Upon the site of this square the greatest part of the old hospital and its monkish appendages originally stood, but after the erection of the new square not a vestige of the ancient fabric remained. The statue now stands in the school quadrangle, and about it the story runs that a student once in the night bandaged it completely with hospital bandages; it was however done so well that he was forgiven. Clayton was a banker and "represented London in six parliaments, and was indeed one of the most remarkable men of his time; advanced in his opinions, the political associate of Algernon Sidney and William Lord Russell, he as one might suppose with such dangerous friends, came near to losing his life; no favourite of Dryden, he is portrayed as the Ishban of his Absalom and Achitophel:—

"Blest times when Ishban, he whose occupation
So long had been to cheat, reformed the nation
Ishban of conscience suited to his trade,
As good a saint as usurer ever made."

In 1707 Mr. Guy, the founder of Guy's Hospital, erected three wards on the north side of the front court, the three corresponding wards on the opposite side being built by Mr. Frederick, another governor. On the eastern side of this square was a stone front supported on pillars. A niche in the centre contained the stone statue of King Edward, now standing on the terrace in front of the steward's office; the king holds in one hand a sceptre and in the other the hospital charter. "In niches on each side are representations of the objects intended to be relieved, a man with a crutch, a sick woman, a man with a wooden leg, a woman with her arm in

a sling. There are festoons, and the king's arms in relieve, and below this inscription 'King Edward the Sixth, of pious memory, in the year of our Lord, 1552, founded and endowed this hospital of St. Thomas the Apostle, together with the hospitals of Christ and Bridewell in London.'" (Manning and Bray). The stone figures are now in the colonnade between the Home and the Treasurer's House. The interior of this side of the square comprised the rooms of the servants belonging to the square, and also served as a communication between the two sides. The whole of this square was allotted to female patients and the names of the wards were—Lydia, Queen, Dorcas, Ann, Mary and Elizabeth.

Between the pillars supporting the stone front seven steps led down to the second quadrangle or King Edward's Square, which was on a slightly lower level. There were no wards in this square. The south side was formed by the parish church and by the treasurer's house. On the north side were the chapel, the chaplain's house, and the steward's house, while the east side was occupied by the Great Hall, which was raised upon twelve large round columns. Facing the chapel and under the upper rooms of the treasurer's house was a side entrance from St. Thomas's Street, at which accident cases were usually admitted. In the middle of this Square stood a bronze statue of King Edward by Scheemakers, erected in 1737 by Charles Joye, one of the treasurers; the statue now stands on the east side of No. 1 block. Under the Great Hall was the communication between the second and third or Clayton Square, and on passing through it, to the right was the Counting House, and to the left part of the steward's house.

The third or Clayton Square was for the reception of male patients, and the names of the wards were—Luke, Henry, William, Edward, King and Jacob. The ground floor of this square was occupied as follows: on the east side by the surgery and patients' admission rooms; on the west by part of the steward's office and counting office; on the south by the apothecary's department; while the north side communicated with the anatomy theatre, dissecting room, museum, etc. At the south-east corner a passage led to a court containing three large male wards—Abraham, George and Isaac, and in this last court was situated the operating theatre.

Near this last court were the Foul Wards—Magdalen, Naple, Job and Lazarus. In this region were also the brew-house, the bake-house, dead house, workshops, etc. The brew-house was a place of some importance, for beer was brewed three times a month, and at each brewing a thousand to eleven hundred gallons were prepared; while the quantity served out daily to the patients was no less than one hundred gallons,

Even in those days the hospital was of great size, containing no fewer than 453 beds.

In St. Thomas's Street beyond the church there are still standing several houses which served as residences for the rector of the parish, the treasurer, the apothecary, and the registrar of the hospital; the backs of these houses were of course towards the hospital.

We are wont to be proud of the architectural features of the present hospital, but in those days also it was considered to be a notable structure, for in the words of Golding: "Whether we survey certain parts of the fabric or consider the whole combined, we are equally pleased with its appropriate arrangements and its striking advantages. The whole design of the building gives it a bold and commanding appearance. It is constructed upon a magnificent scale, and the ground it covers is equal in space to the whole extent of St. Thomas's Street, reaching from the Broadway to the Borough High Street. The white stone pilasters in every square afford a pleasing contrast to the red brick body of the building and relieve, with a peculiar lightness, what would otherwise appear not so agreeable. Instead of that heavy, sombre appearance which is frequently complained of as making an hospital resemble a prison or place of punishment, and striking a repulsive awe in the sufferers who apply for relief, it bears a striking similitude to an agreeable private mansion. The concealment of the roof on either side of the third quadrangle is a model of good taste, and does honour to the architect. The eye, in a comprehensive survey, launches from the parapet into space, and the effect so produced is happy and good. The beautiful colonnades surrounding the different courts give them an air, not merely of elegance, but grandeur; and the harmony and magnitude of the whole building entitle it to the character of a chaste and stately edifice."

The hospital was thus completely rebuilt early in the eighteenth century, but, before very briefly mentioning subsequent events, it may be of interest to note the foundation of Guy's Hospital.

We have seen that Guy was a Governor of St. Thomas's Hospital, the green staff being sent to him in 1704; this practice, by the bye, of sending a green staff to the newly-elected governors being still carried out. Thomas Guy was a bookseller, who made a large fortune in the South Sea Stock. Not only was he a munificent benefactor of St. Thomas's, but, noticing the weak state of the patients on their discharge, he determined to build another hospital in which they might convalesce. In the hospital minutes of 1721 is the following notice: — "Our worthy governor and benefactor, Thomas Guy, intending to found and erect an hospital for incurables in the close of this hospital, in the parish of St. Thomas, we have agreed to grant him a lease, or to such persons

as he may appoint, of several parcels of ground within the close of this hospital, and in the parish, upon several leases, and under several ground rents, amounting to £17 14s. per annum, purchased by said Thomas Guy, or in trust for him for 1,000 years at £30 per annum, tax free." Such was the foundation of the great hospital bearing Guy's name. Curiously enough, it was built opposite to St. Thomas's, so that the agreement between Amitius, Archdeacon of Surrey, and Martin, Prior of the Convent of St. Mary Overie (see page 24) came to naught after all.

It may be of interest to glance at some of the prescriptions of the Pharmacopœia of the hospital as given in a work entitled "Theophilus Philanthropos," and dated 1741, as given by Dr. Stone in a paper in the Hospital Reports of 1870.

"For instance, to make Aqua Limacum or snail water we are to take:

Garden snails, cleaned and bruised, 6 gallons;
 Earthworms, washed and bruised, 3 gallons;
 Common wormwood, ground ivy and carduus, each lb. 1½;
 Pennyroyal, juniper berries, fennel seeds, Aniseed, each lb. 1½;
 Cloves and cubebs, bruised, each oz. 3;
 Spirits of wine and spring water, each 8 gallons.
 Digest them together for 24 hours, and then draw off in a common alembick.

The author remarks of it that 'This is admirably well contrived, both for cheapness and efficacy; and for persons whose circumstances and manner of living have not habituated them to any delicacies, it is as good a snail-water as can be made.'

"A Viperian Bolus" contains "Drm. ss. of the flesh of vipers in powder" taken twice a day.

Sir Walter Raleigh's confection contains hartshorn, vipers' hearts and livers, with 38 other vegetable ingredients, made into a tincture, evaporated to an extract. The magma is to be pressed and burned; from the Lixivium a pure salt is to be extracted and added to the extract; afterwards into the mixture are to be stirred:

Of Oriental and Occidental Bezoar, aa oz. 1½;
 Of Oriental Pearls, oz. iij;
 Of Coral, oz. iij;
 Of Oriental Bole, Terra Sigillata, and Calcined Hartshorn, each oz. j;
 Of Ambergrease, oz. j;
 Of Oriental Musk, oz. 1½;
 Of White Sugar Candy, lb. ij.

But the gem of the collection is the Infusio Pleuretica or Pleuretic Infusion;

"Take fresh horse dung oz. 6, penniroyal water oz. 12, treacle water oz. 4, infuse them warm, and to the strained liquor add Mithridate *dr.* ij, white sugar a sufficient quantity to sweeten it; drink half-a-pint twice a day."

The author adds, "This is a very good medicine; if the dose here mentioned be too noisome, it may be lessened, and repeated the oftener."

Dr. Stone adds . . . "Such was the Pharmacy of 120 years ago! Can we wonder at reactionary movements in favour of infinitesimal doses?"

For the following, which is taken from the Hospital Minutes of 1564, I am indebted to Mr. Wainwright:

"A medicon for scalde heads. First take a pynte of mustard, a pynte of strong vynegre, a quarter of a pound of verdegresse, two pennyworth of oyle of spicke, an oz. peper fynly beaten, boyle them together and styre them well, put it in an earthen pote and so use it."

This is followed by:

An oyntment to correcte the same

If it fortune to break out agayn.

"Take a pound of Barrowe hoggs grease well tryed with a handfull of goose dounge with whyte ends, and as much of sheep's dunge. One penneworth of oyle spicke, one penneworth of honye, 2 oz. of peper, 1 oz. of stavesacre, and when it is boyled then streane it through a cloth. After the fyrst medicyn vynegre and warme it and wash it and so the scrorff shall be taken away."

Of events subsequent to the rebuilding of the hospital I fear I can say but little, and we must pass to the year 1830, when the present London Bridge was built a little to the west of the old one. The necessary alterations involved the pulling down of the front square of the hospital and the houses between that and the river. However, when all was finished the hospital was able to obtain land and to build two new large wings. Of these the South one abutting on St. Thomas's Church is still standing, and in use as a parcels department of the post-office. On the acquisition and demolition of the hospital by the South Eastern Railway in 1862, the patients were removed to the Surrey Gardens, to the hall which previously had sheltered the menagerie kept by William Cross. A large iron house was built for the requirement of the Medical School.

Finally, in 1871 the present hospital was opened by Her Majesty the Queen. The ground on which the hospital stands—between eight and nine acres in extent—was purchased from the Board of Works, at a cost of about £100,000. That part of the Thames bank known as Stangate Bank where the hospital now stands had long borne an ill repute—ill-looking, ill-smelling, and of evil associa-

tions; its foreshore overladen with dank tenements and houses, rotten wharves and dirty boat-houses.

We have now glanced at the main facts in the history of the hospital, and it is a history of which we may be proud. We have seen it at its commencement, intimately associated with two powerful religious houses. Little did the monks of the great abbey of Bermondsey think that the little almonry attached to their abbey would be a great and flourishing institution many centuries after their own house had vanished utterly into the limbo of the past; not perhaps utterly, for the memory of the abbey is still perpetuated in Bermondsey as the name—oh the irony of it, as the name of a street—Abbey Street. We have seen it rebuilt in 1507. Then it is forfeited by Henry in 1538; is refounded by Edward in 1553. From time to time and in various sources we find traces of it; in the minutes the inner life of the place is to a certain extent laid bare, sometimes in a very quaint manner; great names meet our eyes on the pages; surgeons and physicians appear, at first as having a reversion granted them; then they are definitely appointed and finally they die or resign. In 1693 we saw the great effort at rebuilding the hospital, and the noble response that was made to the appeal. Lastly the disappearance of the hospital from the Borough; the scene of its trials and successes over so many centuries. We cannot help a feeling of regret that the arena of the hospital should not still be on the very site it occupied six and a half centuries ago; but the times have changed; Southwark is a very different place to what it was; for it is indeed a very prosaic place, and that it was not in the times we have been considering. And when we compare the hospital as it is, with the hospital as it was, we have no cause or reason for regret, but rather for much thankfulness. That great names such as Wharton, Mead, Cheselden, Murchison, and those of many others, are associated with St. Thomas's you all know, but their connection with the hospital and the work they did for it has on previous occasions been the subject of papers read before the society. Time also prevents me from more than mentioning Florence Nightingale, who established here the first training school for nurses.

About the future of St. Thomas's we need not have the slightest doubt; in the past its position must doubtless often have seemed very precarious and its prospects dubious, but we can safely leave it, full of the fairest promise for the future.

AUTHORITIES:—

- "History of St. Thomas's Hospital," by Thomas Golding.
- "Southwark and its People," by William Rendle.
- Two Papers on St. Thomas's Hospital, by William Rendle.
- "South London," by Sir Walter Besant.
- "Old and New London."
- Various Papers in *St. Thomas's Hospital Gazette*.
- "History of Surrey." Manning and Bray. Etc., etc.

Wanderings in Sarawak.

IN the head-waters of the Baram, one of the largest rivers in the north-west of Borneo, there live several war-like peoples who, until the last few years, have remained almost unknown to Europeans. They are allied to the Sea-Dyaks of Sarawak, who in the middle of this century made for themselves a European reputation in piracy and head-hunting.

The basin of the Baram, a territory of about the same area as Wales, was ceded to Sir Charles Brooke, the Rajah of Sarawak, sixteen years ago by its nominal Suzerain, the Sultan of Brunei. Since that time the pugnacious and head-hunting propensities of the inhabitants have been curbed and they themselves have been made willing and loyal subjects of Rajah Brooke by the vigorous and tactful administration of his officers, especially of Mr. Charles Hose, who for the last ten years has been the President of the District. Thanks to the kindness and hospitality of Mr. Hose, I have been able to spend some months wandering amongst these peoples, and during that time I have seen many strange customs and ceremonies. Among all these perhaps the most interesting are the various processes employed for the cure of sickness. Many of these I have seen, and sometimes I have been a party to a friendly rivalry between the science of Western Europe and the arts of the medicine-men of these primitive folk. They are not unskilful in the practice of minor surgery, and they understand well the need of rigid support for broken bones, and of the opening of boils and abscesses and the good effects of wet-cupping. This last operation is performed with short cups of bamboo, heated among the embers of a fire, and cooled after being pressed on the scarified spot, by the application of cold water. The process is in fact identical in principle with the art as so frequently employed in our own hospitals almost to the present time.

But in cases of an obscure and serious nature their medical arts differ more widely from our own. They appeal chiefly to the mind of the patient, and any good they may do must be attributed to the effect of "suggestion" only. It is interesting to note that modern scientific medicine seems tending to revert in many quarters to the frequent use of this principle, which was probably the earliest and most widely used by the medicine-men of all savage peoples. These somewhat various practices of the medicine-men of all these tribes may be classed in two groups according as one or other of two fundamental principles is employed. When a man falls sick it is believed either that his soul has left his body and has wandered part way on the long journey towards the banks of that great river where it is destined to dwell after the death of the body, or that

some evil principle has obtained entrance to his body and is causing the bad symptoms. According as one or other of these hypotheses is adopted in any particular case the procedure of the physician is naturally very different. If he determines or diagnoses the absence of the soul, it is his function to send forth his spirit to find the wandering soul of the sick man and to lead it back to him with many prayers chanted to the Supreme Being, and carried up to him by the souls of slaughtered fowls and pigs. Having brought back the soul in this way, he holds between his finger-tips some small object, generally a tiny fly or other insect, in which it has taken up a temporary abode, and places his finger-tips on the crown of the patient's head. The soul is then supposed to pass back into the body at this spot and the man to regain his health. To prevent its escaping again he ties a thread round the right wrist of the patient with further prayers and ceremonies, and this thread is allowed to remain until it rots away. For though the place of re-entrance of the soul is known to be the crown of the head, the place of its escape is uncertain, although many suppose it to escape by the mouth, and this tying of the thread on the wrist seems to be a simple piece of sympathetic magic.

If the medicine-man determines that the sickness is due to the working of some evil principle within the body he directs his efforts towards drawing it out in a material form. One operation of this sort which I witnessed was especially interesting because the patient was the scientifically-minded Resident, and we were able to detect all the tricks of the operator, as it is not possible to do when merely looking on from a distance.

We had ascended the largest tributary of the Baram to a distance of about 250 miles from the sea, and were staying a few days in the house of a community (I can find no other suitable word) of Kenyahs. These people are the most warlike and the best fighting men of all the tribes of Borneo. They are tall (as compared with other yellow races) and very finely built, with intelligent well-shaped faces, many of them being distinctly handsome. Their smooth skin is the colour of very pale *café-au-lait*, and their dark hair hangs in a wavy mass on the back and shoulders. Their dress is the "charwat," a very becoming garment for a well-built man. It consists of a long strip of cloth (either made by themselves from the bark of trees or bought from Malay or Chinese traders), which is passed between the legs and wound several times tightly round the waist. The women are, like the men, gracefully built, and nearly everyone has a splendid mass of dark hair hanging below the waist. Many have well-shaped faces, distinguished by a very sweet and gentle expression. The children are charming little creatures, and as happy as children in any other part of the world. They live as

communities of thirty to fifty families on the banks of the rivers, and support themselves chiefly by the cultivation of padi (rice) and until the last few years by raiding the less warlike peoples of the coast districts. Each community lives in a long house built of massive timbers, which stretches along the river-bank sometimes for more than four hundred yards. The floor is raised on piles some twenty feet from the earth, and the house is divided along its whole length into two halves, of which that facing the river runs uninterruptedly from end to end and is a sort of covered village street or huge verandah, while the other half is divided into a series of large rooms, each of which is the private dwelling place of one family. In the middle of the verandah in a place of honour over the central hearth there hangs a long row of dried and smoke-blackened human heads. These are the trophies of war and rapine, and are tended with superstitious care and reverence, for they are powerful to bring good or evil to the house.

It was whilst we lodged in the spacious verandah of such a house, standing in a fine country among the hills where the river takes its rise, that my companion H. had an attack of intermittent fever. While we remained in the verandah we were continually surrounded by a crowd of friendly and polite visitors of all sexes and sizes, so H.'s mattress was carried into the Chief's room for the sake of quiet, and as soon as H. felt that the fever was subsiding we accepted the Chief's proposal to call in a "Dayong" (a native medicine-man). The man chosen was a Punan who happened to be staying in the house. The Punans are of all the people of Borneo the most primitive in their ways of life. They have neither boats nor houses nor other fixed place of abode, but wander perpetually in the forests, living on jungle fruits and the flesh of animals, which they kill very skilfully with blowpipes and arrows dipped in "Upas" poison. Nevertheless the reputation of their medicine-men stands high, and so we see that here, as in other climates and times, the people who remain wild and primitive and most nearly natural or animal are held by their more civilised neighbours to have an intimate knowledge of and power of control over the mysteries of nature and magic.

The Punan, a wild and by comparison with the cleanly Kenyahs a rather dirty-looking man, was soon called. He seated himself by H., and after enquiring whether he had headache and whether his bowels had been opened, he set up a loud mournful chanting, while a crowd of people sat round with respectful curiosity. After several bursts of chanting he announced that he could not effect the cure by daylight, but must wait for nightfall. So in the evening, when the room was lit by a pair of feeble lamps only, he returned and began the ceremony anew. He sat with closed eyes and upturned

face, apparently unconscious of all about him, and began again the weird melancholy chanting. He stroked the abdomen with the palm of his hand several times towards the feet, and then he took a "parang," the short native sword, and holding it between himself and H.'s body he gazed fixedly at it. In the shining surface of the blade he professed to be able to see the cause of the sickness reflected. Presently he produced a short stick of ginger-root and a large dark cloth in which he enveloped his head and shoulders. Then he bent over H., and there was a small sound as of sucking with the lips, and after a few moments he reappeared from beneath the cloth, carefully holding the stick in his hands. We all crowded round him, and in the dim lamplight we saw that the stick appeared to be a tube and that in the hollow of the tube a small black object was rising slowly. He gave us to understand that this was the cause of the bad symptoms, the essence of the disease as it were, and he was just about to drop it between the planks of the floor when H. very inconsiderately seized it and we were able to satisfy ourselves that it was a bit of discoloured bees-wax before it was finally thrown away. The Dayong's behaviour expressed displeasure at our inconvenient curiosity, and also he seemed to be well nigh exhausted by the effort he had made in drawing out the sickness, and in fact he was sweating heavily. H. had felt him scratch the skin of his abdomen just above the navel with his finger nail, and then apply the end of the ginger-stick to the spot, and had then experienced a sensation as of something being drawn from the skin into the stick.

H. now declared that although his body felt better, he still had pains in his limbs, so the "Dayong" seemed to pull himself together and began again with his chanting. But first he had to prepare another ginger-stick, and it was obvious that he did this by pressing upon one end of it with his finger-tip until the core of it was loosened and could be worked in the outer sheath like a piston in a tube. We also noticed that on each nail of his right hand, except that on the thumb, was a small black mass, presumably of beeswax. Of course the simple folk about us did not note these things. Then from each of H.'s limbs in turn he drew forth in the same way as before a small black piece of disease, and after exposing it for a moment to the curious gaze of the people hastily threw it down through the floor. After each performance H. discovered that there was now no pain in the limb operated on, and equally noteworthy was it that after each performance there was one little black mass the less on the "Dayong's" finger nails. After a little more chanting the exhausted physician received his fee, a brass gong, and retired, assuring us that on the morrow H. would be quite recovered.

I will conclude by suggesting the question "In what degree must we regard the Punan medicine-man as a fraud?" I don't think it would be fair to call him altogether a fraud. He certainly knows that the bits of beeswax are drawn from his finger-nails and not from his patient's body, but then his forefathers and all his contemporary practitioners have always done likewise, and everybody believes that the process does cure disease. How then can he stand alone in regarding the practice as worthless, and why should he renounce the remunerative practice of this art, into whose mysteries he has been initiated with some labour and perhaps expense. Do we not all give treatment on purely empirical principles sometimes, and because our forefathers have done likewise, and is there not occasionally a little conscious fraud in our answers when questioned by the patient as to the nature and action of a drug.

I think, too, that the "Dayong" may often do positive good to his patient, and that he unconsciously practices according to the principles on which in Paris and perhaps at Lourdes and elsewhere, perhaps in some degree in the practice of every skilful physician, sickness is cast out of a man. It would be a mistake perhaps to attempt to destroy the power and the reputation of the "Dayong" until more effectual medical aid can be provided.

W. McDougall.

BARAM,
SARAWAK.

April 3rd, 1899.

Opening of the City of London Ward.

THE occasion of the Opening of the City of London Ward by the Lord Mayor on May 4th was marked by a ceremony in every way suited to the importance of the event.

To meet a pressing need the Treasurer and Governors have, with their accustomed interest and generosity, spared neither money nor trouble in the reconstruction of the old Adelaide Ward. St. Thomas's can now boast of a thoroughly up-to-date ward, devoted entirely to the reception of male accident cases, and can, without fear of any rival, claim to possess the best fitted and equipped ward of any hospital in this country. To describe in detail all the latest improvements as here exemplified would take us beyond the scope of the present notice, and no description could do justice to the perfection of hospital construction and fitting which our new City

of London Ward displays. As in its Clinical Laboratory, so here again St. Thomas's is a pioneer. St. Thomas's men may well be proud of their Alma Mater and rejoice that she intends to hold her place in the fore-front of the hospitals of this country. The ward must be seen to be in any way fully appreciated, and we have no doubt it will attract the attention and compel the admiration of surgeons from all parts of the world.

The Lord Mayor, who was accompanied by the Lady Mayoress and the Sheriffs and Officers of the City, and attended by all the imposing ceremony and insignia of his high office, was received at the Central Hall by the Treasurer and conducted to a dais, erected in front of the Steward's Office, where the Lord Bishop of Rochester and others had already taken their places. The Hall had been seated throughout and effectively decorated. The Choir of the Collegiate Church of St. Saviour's rendered the musical portion of the short service.

The Treasurer in his opening address, welcomed the city dignitaries and guests; recalled briefly the past history of the hospital and its close association with the City of London, which we desire always to preserve, and alluded particularly to the munificent donation of £10,000 made by the Mercers' Company to St. Thomas's; by this handsome gift ten beds in the new Accident Ward have been endowed.

The Lord Mayor replied in a few well-chosen words, and the sacred portion of the ceremony followed. Special prayers were offered by the Bishop of Rochester, who, at the close of the Anthem "O clap your hands" (Stainer), pronounced the blessing.

A procession was then organised, and, after a hymn in the City of London Ward, the Lord Mayor formally declared it open for the reception of patients. The details and most modern improvements were then pointed out to the distinguished visitors, who showed great interest in their inspection. Refreshments were provided in the Out-Patient Waiting-Room, which had been suitably transformed and decorated for the purpose.

The new ward was subsequently visited by all the invited guests, and the hospital generally thrown open for inspection; full advantage was taken of this permission. The Band of the North Surrey District School played in one of the quadrangles, and it was late in the afternoon when our distinguished visitors departed.

Deep interest rather than noisy enthusiasm was the prevailing feature of the afternoon's proceedings. This was the feeling most suitable to the occasion, and we trust it may express itself in a very solid and tangible form.

Medical and Physical Society.

Abstract of a Paper on "Oyster Culture" read by Dr. Bulstrode, on February 23rd.

Dr. Bulstrode prefaced his remarks by insisting that he made no claim to expert knowledge with respect to oyster culture, but the fact that he was in 1895 entrusted by the Government with an investigation into the conditions under which oysters were cultivated and stored had afforded him opportunity for observing the methods adopted. This investigation was undertaken with the view of determining the liability of oysters and certain other molluscs to become specifically contaminated, the bacteriological portion of the enquiry being conducted by Dr. Klein.

After a brief reference to the classification, anatomy, physiology, and reproductive processes of the oyster, Dr. Bulstrode went on to deal with its life history, the lecture throughout being illustrated by lantern slides, and by specimens of oysters of various ages procured from England, America, Holland, and France. In the case of the North European oyster (*O. edulis*) the development of the young takes place to a considerable extent within the branchial chamber of the parent, whereas in the case of the American oyster (*O. virginica*) and of the Portuguese oyster (*O. angulata*), in both of which the sexes are separate, the ova and spermatozoa are shed separately into the surrounding water, impregnation depending upon the chance meeting of the two sexual elements. The fecundity of the oyster is enormous, each "spatting" oyster giving rise, it is estimated, to about a million ova, while the American and Portuguese oysters are more prolific still. When, in the case of *O. edulis*, the larval oyster is liberated from its parent it leads a migratory existence for a few days, moving about in the water by means of the cilia with which it is at this period provided. The young oyster is extremely susceptible to adverse meteorological influences, and the prevalence of cold and stormy weather during this phase of its life is followed by an enormous mortality, but few of the larvæ surviving to attain the fixed state.

After a few days of a free swimming existence the young oyster tends to fix itself upon some hard clean surface such as that of rocks, stones, or shells by means of a secretion from the edge of its left mantle lobe, and, if there be no such substance near, the oyster perishes. This fixation is known to oyster dredgermen as a "fall of spat," and the young oysters present at this stage an appearance somewhat resembling a spot of candle grease.

When, however, the oyster has thus fixed itself its perils are by no means over, there being many enemies both direct and indirect which may terminate its existence. It is the object of the oyster

cultivator to encourage such of Nature's processes as are favourable to the survival of the oyster, and to limit the operations of such as are unfavourable. Very large sums of money and much labour are expended in keeping clean estuaries where oysters naturally spat and in endeavours to increase the yield of oysters. The oysters are periodically culled over and laid down in certain limited areas of the estuaries as have proved by experience to be favourable for spatting, growth, or fattening. In some of the more northern estuaries of England the oysters are deposited during the winter months in what are known as wintering pits or ponds on the marshes alongside the estuary, and these ponds, being fed with water from the adjoining estuary, enable the oyster to remain covered with water at all times. If the oysters are left in the estuary they are liable to be frozen to death or smothered with sand and mud brought down by the river in flood. The oysters deposited in these wintering ponds are taken out in the following spring, and laid down according to their size in different areas of the estuary, those which have nearly reached marketable size being deposited upon what are known as the "fattening beds," and from these fattening beds they are either despatched direct to market or placed for a time, for reasons of accessibility, in "storage pits." In the summer months, immediately prior to the liberation of the larval oyster from the parent, what is known amongst the dredgermen as "culch" is laid down in the bed of the estuary. This "culch" frequently takes the form of old oyster shells which have been bleached by the sun on the river bank, and which form useful "collectors" for the larvæ to adhere to, but the term is used by some to indicate many other kinds of artificial collectors. In some parts tiles covered with a friable cement, or slates, hurdles, twigs, &c., are used for capturing spat, the essential condition being that whatever is used shall be laid down early enough to catch the larval oysters but not long enough beforehand to allow of the tiles, &c., being covered with a slimy deposit which prevents the adherence of the spat.

The oysters consumed in England may be divided into three categories :—

1. Oysters born and bred in this country.
2. Oysters introduced from abroad and laid down for varying periods in our waters.
3. Oysters imported from abroad and consumed without being laid down.

Dr. Bulstrode gave a full description of the methods adopted with regard to each of these divisions, and referred briefly to the manner in which the "green-bearded" oyster is prepared for the Paris markets at Marennes in the Bay of Biscay. There were, he said, several kinds

of "green" oysters, and the controversy which had taken place as to the nature of the greening was due to the fact that for many years each investigator worked at only one variety of green oyster, and hence each investigator believing the greening upon which he was engaged to be the only one, denied the conclusions of other observers.

Dr. Bulstrode alluded briefly to the result of his own and Professor Thorpe's researches into the greenness of certain Cornish oysters, and drew attention to the valuable work which had been done by Professors Herdman and Boyce in a similar and other directions.

As regards the connection between oysters and water borne diseases such as enteric fever and cholera, Dr. Bulstrode stated that the results of his own investigations went to show that at the time of his inquiry oysters in certain instances were laid down for fattening or storage purposes too near to sewage outfalls, in such position indeed, that they could not fail to be polluted by sewage. He pointed out, too, that although the bacillus of enteric fever did not long maintain its vitality in sewage it might remain alive sufficiently long to enable it to reach the outfall, and that although in sea water the vitality of the bacillus is limited, it could easily be carried to oysters laid down in the vicinity of a sewer outfall. So, too, with regard to the oyster itself, although the bacillus in question when introduced into the mollusc tended to die out, it retained vitality sufficiently long to enable it to reach the consumer.

Attention was also drawn by the reader of the paper to certain outbreaks of enteric fever which had occurred in America and France as the result of consuming specifically contaminated oysters, and he also insisted upon the importance of not disregarding the by no means infrequent attacks of gastro-enteritis which were liable to follow the consumption of contaminated shellfish. He hoped that a Bill would soon be introduced into Parliament to prohibit the laying down of oysters in undesirable situations.*

Hospital News.

THE "Stella" disaster was of mournful significance for St. Thomas's, for one of our nurses, who will be remembered by nearly all, was drowned. We refer to Miss Christine Elinor Pollock, who left the Hospital last June at the end of her four years' training. From St. Thomas's she went to the Women's Hospital, Euston Road. She was greatly liked and respected by all who knew her, and her death has been the cause of much sorrow in the Hospital. A particularly sad feature in connection with her death was that she was shortly to be

*Since this paper was read a Government Bill dealing with this question has been introduced into the House of Lords and read a second time.

married. With her were drowned her sister, sister's husband and child. We rejoice to say that one of our probationers who was also in the "Stella" had the good fortune to be saved.

We have to congratulate Dr. Brodie on his appointment as Director of the Laboratories of the Conjoint Board, where he succeeds Professor Sims Woodhead. Dr. Brodie's departure will be a very great loss to the school; fortunately he finds it possible to give the histology lectures this summer.

Hearty congratulations to Mr. E. C. Stabb on his appointment as Assistant Surgeon to the Great Northern Hospital, and also to Dr. E. A. Saunders, who has been appointed Assistant Physician to the West London Hospital.

In connection with the increased attention that is being paid to the prevention and cure of tuberculosis, it is to be noted that a Sanatorium is being founded at Mundesley, eight miles from Cromer, by Mr. W. J. Fanning, of St. Thomas's, and Dr. F. W. Burton-Fanning. The Sanatorium is now being built, and will probably be opened in July for the reception of patients; at first there will be accommodation for sixteen, and they will be treated strictly on the "open-air" system. Mr. Fanning will be the resident physician. Dr. Burton-Fanning is well known for his work in this direction, and is the author of the article on the "Open-air Treatment of Phthisis" in the last Year-book of Treatment. The Sanatorium is well situated, possesses extensive grounds, and can scarcely fail to be very successful.

Hearty congratulations to Mr. Fisher on his approaching marriage with Miss Dinwoodie, late of St. Thomas's, and since Assistant Matron of the Consumption Hospital, Liverpool. The wedding takes place in June.

Another wedding is in the air, and will take place in July, Dr. Copeman being engaged to Miss Boord, daughter of Sir William Boord, of Wakehurst Place, Sussex. Though rather late, we congratulate Dr. Copeman on having been awarded the Cameron Prize of the University of Edinburgh and the Fothergillian Gold Medal of the Medical Society, both in recognition of his researches on the purification and preservation of vaccine lymph.

At a meeting of the Captains and Secretaries of the Athletic Clubs on May 9th, Messrs. H. C. Thorp, T. A. King, and T. E. Downes were elected as representatives of the Athletic Clubs on the Amalgamated Clubs Council. We are glad to hear that the athletic sports will be held at our own ground at Chiswick this year.

The great scheme for the re-modelling of the theatres is fairly under way. A flooring is to be put about half-way up the wall,

and the present ground floor will be converted into a ward for children ; the upper floor will then be divided by a partition wall into two theatres ; the walls will be raised slightly and a proper roof put up instead of the present arrangement of struts and stays. This will give us four main theatres instead of two, not counting the gynecological and out-patient theatres. The wooden auditorium of the female theatre is being pulled down, and a partition will be put up, so that two theatres may still be available while the male theatre is being rebuilt. The two children's wards will be a great boon to the hospital, as a large ward is not at all suitable for children, particularly when it is necessary to close for disinfection, which utterly disorganises the department. Two wards of smaller size will quite obviate this difficulty.

The awards for the different medals are as follows :—Treasurer's Gold Medal, J. Gaff ; Wainwright Prize, R. J. Horton-Smith ; Cheselden Medal, H. T. D. Acland ; marks qualifying for Medal, A. E. Martin and A. Webb-Jones.

The ceremony of unveiling the three new panels in the Reredos of the Chapel was performed on March 21st by the Bishop of Rochester. The panels, which are strikingly handsome, are the gift of the family of the late Sir Henry Doulton, and are in memory of his long services as Governor of the Hospital, from 1871 to 1897.

At the desire of the donor we are requested by the Treasurer to express his cordial thanks to W. W. for a donation of £5 to the hospital.

Swimming Club.

THE Annual General Meeting was held on May 9th ; Mr. Saunders was in the chair. The minutes of the last meeting were read and confirmed, and the accounts were read and passed. The following officers were elected :—President, Dr. Turney, re-elected ; Captain, Mr. Child ; Hon. Secretary and Treasurer, Mr. Stannus, re-elected ; Committee—second year, Mr. Evans ; third, Mr. Armitage ; fourth, Mr. Miller ; fifth, Mr. Cunningham. It was pointed out by the Secretary that polo-playing had been practically dead for the past three years, mainly owing to the difficulty in getting men to practise and play in the single game attempted each year, viz., the Inter-Hospital Cup Tie. A ball is kept at the new Lambeth Baths, and may be had out for practice by students giving in a Hospital Club Ticket, which may be obtained from the Hon. Secretary for fourpence each. A series of swimming and diving competitions are contemplated for the season.

Cricket Fixtures.

FIRST ELEVEN.

DATE.	AGAINST.	GROUND.
May 10	Trial Game	Chiswick.
" 13	Cane Hill	Cane Hill.
" 17	Ealing	Ealing.
" 20	Chiswick Park	Chiswick.
" 24	Southgate	Southgate.
" 27	Barnes... ..	Chiswick.
" 30	Crystal Palace	Crystal Palace.
June 3	R.I.E.C.	Cooper's Hill.
" 7	Richmond	Richmond.
" 10	Ealing	Chiswick.
" 14	Barnes	Chiswick.
" 17	Chiswick Park	Chiswick.
" 24	Brookwood	Brookwood.
" 28	Wanderers	Chiswick.
July 1	H. E. Symes-Thompson's XI. ...	Chiswick.
" 5	West Kent	Chislehurst.

SECOND ELEVEN.

DATE.	AGAINST.	GROUND.
May 13	Barnes 2nd XI.	Chiswick.
" 20	Epsom College	Epsom.
" 31	London Hospital 2nd XI. ...	Lower Edmonton.
June 3	Barnes 2nd XI.	Barnes.
" 24	R.I.E.C. 2nd XI.	Cooper's Hill.
July 12	Guy's Hospital 2nd XI....	Honor Oak Park.
" 19	St. Bartholomew's Hospital 2nd XI.	Chiswick.
" 29	Brunswick C.C.	Chiswick.

Rifle Club.

ST. THOMAS'S v. DULWICH COLLEGE.

THIS match was fired at Runemede on May 10th. Our full team were unable to be present, and the match was lost by 23 points. Scores:—

NAME.			200YDS.	500YDS.	TOTAL.
N. Carpmael	...	...	26	26	52
H. Upcott	...	...	27	28	55
H. Weekes	...	...	21	27	48
N. Unsworth	...	...	27	20	47
J. F. Vaughan	...	...	23	32	55
R. Perkins	...	...	24	20	44
Counted out:					
F. R. E. Wright	...	...	22	16	38
A. J. Iles	...	...	21	6	27
Total					301
Dulwich College Total for best six			...	...	324

FIXTURES.

DATE.	MATCH.	RANGE.
May 10	Dulwich College	Runemede.
" 20	R.I.E.C....	Egham.
" 29	Weymouth College (simul)	Runemede.
June 9	Messrs. Coutts & Co....	Caterham.
" 10	St. Paul's School	Bisley.
" 14	St. Bartholomew's Hospital	Runemede.
" 14	Guy's Hospital	Runemede.
" 14	St. Mary's Hospital	Runemede.
" 19	Whitgift	Woldingham.
" 22	R.I.E.C.	Runemede.
July 1	Dulwich College	Runemede.
" ?	Hospital Handicap	Runemede.
" 13	Inter-Hospital Cup	Bisley.

Books for Review.

MATERIA MEDICA AND THERAPEUTICS. By J. Mitchell Bruce.
Pp. 609. Price 7/6. Messrs. Cassell & Co.

This work is probably the most popular of Messrs. Cassell's well known Manuals; the best idea of its wide spread utility being gained from the fact that since the first edition in 1884 no fewer than 38,000 copies have been printed. Its general arrangement is too well known to require comment. It has been brought into

accordance with the new British Pharmacopœia, and has been considerably enlarged by the "introduction of greater detail respecting the chemical and pharmaceutical relations of the individual drugs." What omissions there are are probably intentional, no mention for instance is made of trional, and of one or two other well recognised drugs. The book contains an enormous amount of information; is handy and well printed, and can be recommended from every point of view.

HYGIENE AND PUBLIC HEALTH. By B. A. Whitelegge. Pp. 588. Price 7/6. Messrs. Cassell & Co.

This edition follows within two years of the last, so that there is not much to be added, and no change in the general arrangement of the book has been made. The section on vaccination has been remodelled on the Vaccination Act of last year, and various chapters have been revised. Under rabies it is stated that the microbe has not been cultivated with any certainty, although the work of Sanfelice and Memo has practically established the identity of the bacillus causing the disease. Again, under yellow fever, Freire's organism is alone mentioned, whereas it has been quite superseded by Sanarelli's undoubted discovery of the real bacillus. Generally speaking the work is up to date and forms an excellent and trustworthy manual on the subject.

A CENTURY OF VACCINATION. By W. Scott Tebb, M.A., M.D. (Cantab.), D.P.H. Swan, Sonnenschein. Price 6/-.

To that class of readers who object to having placed before them anything that does not tally with or support their own preconceived ideas, a book compiled in the manner which Dr. Tebb has so successfully adopted, must needs commend itself, and the fact that it has reached a second edition affords proof that such, in this instance, has been the case.

We do not propose, however, paying Dr. Tebb the ill compliment of taking him too seriously, for although in his preface he specially addresses himself to the members of his own profession, he can surely hardly expect that, unless he is prepared to bring forward something better in the form of logical argument or scientific experiment than is to be found in his book, he will succeed in convincing medical men in general that vaccination is merely what he terms "a mischievous superstition."

The flimsy nature of his argument is nowhere better demonstrated than in his discussion of the nature and use of glycerinated lymph. This subject, though much to the fore at the present time, he dis-

misses in the short space of less than six pages, and although it is impossible to suppose him ignorant of the scientific evidence on which the use of this form of lymph has now been officially adopted by the Government, we search in vain for any reference to it. Instead he brings up the story of an isolated outbreak of impetigo in the Isle of Rügen in 1885, and of sundry other diseases stated to have been associated with the employment of vaccine lymph "preserved" with glycerine. And from his remarks on page 384, he would apparently have us believe him incapable of appreciating the possible difference in the therapeutic effects of glycerine when present to the extent of 5% or 50% respectively. Quoting on the same page from an official report by Dr. Klein, he states that glycerine "even when undiluted will not destroy the streptococcus of erysipelas," omitting the all important "four months" or the further fact stated by Dr. Klein in the same paper, that a 50% solution (the strength employed for glycerinizing lymph) destroyed the streptococcus in twenty-five days. Such juggling with facts and figures can hardly be expected to carry conviction to an unbiassed mind.

Examination News.

UNIVERSITY OF CAMBRIDGE.

Third Examination.

Part I.—F. H. Ellis, F. C. Eve, E. W. Hedley.

Part II.—F. H. Ellis, J. R. Garrood, R. J. Horton-Smith, S. B. Reid, C. D. Somers

UNIVERSITY OF DURHAM.

First Examination.

Chemistry and Physics.—S. D. Turner, M.R.C.S., L.R.C.P.

Elementary Anatomy, Chemistry, and Physics.—D. M. B. Snell.

Second Examination.

Anatomy, Physiology, and Materia Medica.—A. B. Bradford.

Third Examination.

Pathology, Medical Jurisprudence, and Public Health.—E. H. Cooke.

Final Examination.

M.B., B.S.—B. C. Stevens, M.R.C.S., L.R.C.P., L.S.A.

M.D. Examination.—A. Baker, B.A. Paris; S. S. Lessey, M.R.C.S., L.R.C.P.

CONJOINT BOARD, APRIL, 1899.

First Examination.

Chemistry and Physics.—S. Bazalgette, J. W. Simon, A. L. Walters, E. A. Williams.

Practical Pharmacy.—E. W. Browne, S. N. Chaudhuri, J. Coates, T. D. Miller, E. E. Nicholl, E. Raven.

Materia Medica.—J. R. Clemens.

Elementary Biology.—S. Carter, T. A. Chater, J. L. Gilks, J. W. F. Gillies, H. M. Gilmour, A. H. Hudson, E. L. Moss, R. J. Mould, R. Raby, L. Rawes, J. W. Simon, R. J. C. Thompson.

Second Examination.

Anatomy and Physiology.—J. E. Adams, R. D. Brown, C. Burrows, T. Gibson, J. H. Hurst, C. U. Ind, T. Jays, R. E. H. Leach, T. C. Rutherford, H. W. Sexton, W. M. Strong, M. W. E. Widegren.

Third Examination.

Medicine.—A. S. Arkle, *J. S. Barnes, *H. R. Beale, *A. C. Bird, *C. J. Copp, *G. H. Dominy, *T. G. Fenton, *R. J. Horton-Smith, *F. A. Pitts-Tucker, *R. A. Stevenson, W. J. Waters.

Surgery.—*A. J. B. Adams, *F. Bawtree, F. C. Eve, B. Fawcett, *T. G. Fenton, *A. G. Graham, *H. A. C. Harris, R. J. Harris, C. L. Hawkins, T. A. King, J. L. Lock, H. Z. Stephens, *B. C. Stevens, *N. Unsworth, F. Voller.

Midwifery.—F. M. Bingham, T. Burfield, S. N. Chaudhuri, M. W. Compton, F. G. H. Edwards, J. G. Glasgow, S. W. Hanbury, C. L. Hawkins, J. L. Lock, J. C. S. Oxley, S. Pern, C. F. Selous.

* These Gentlemen have completed the Final Examination.

House Appointments.

House Physicians—

E. H. Ross, L.R.C.P., M.R.C.S.; E. A. Gates, L.R.C.P., M.R.C.S. (extension); A. E. Stevens, M.B. Durham, L.R.C.P., M.R.C.S. (extension); H. C. Thorp, M.A., M.B., B.C., Camb.

Assistant House Physicians—

J. Gaff, L.R.C.P., M.R.C.S.; A. Bevan, L.R.C.P., M.R.C.S.

House Surgeons—

S. O. Bingham, L.R.C.P., M.R.C.S. (extension); E. M. Corner, M.A., M.B., B.C. Camb., B.Sc., Lond., L.R.C.P., M.R.C.S. (extension); J. A. Barnes, L.R.C.P., M.R.C.S. (extension); J. E. Kilvert, L.R.C.P., M.R.C.S. (extension).

Assistant House Surgeons—

H. J. Phillips, L.R.C.P., M.R.C.S. (extension); P. W. G. Sargent, M.A., M.B., B.C. Camb., L.R.C.P., M.R.C.S. (extension); S. A. Lucas, L.R.C.P., M.R.C.S. (extension); H. T. D. Acland, L.R.C.P., M.R.C.S. (extension).

Obstetric House Physicians—

Senior—S. H. Belfrage, M.B., Lond., L.R.C.P., M.R.C.S.

Junior—H. M. Scaping, B.A., Camb., L.R.C.P., M.R.C.S.

Ophthalmic House Surgeons—

Senior—J. S. Hall, L.R.C.P., M.R.C.S.

Junior—T. Hoban, L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Departments for Diseases of the

Throat—E. O. Bourdas, L.R.C.P., M.R.C.S. (extension); L. H. Lindley, M.B., B.Ch. Oxon.

Skin—H. R. Beale, L.R.C.P., M.R.C.S.; N. Unsworth, L.R.C.P., M.R.C.S.

Ear—A. W. Jones, L.R.C.P., M.R.C.S. (extension).

St. Thomas's Hospital Gazette.

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JUNE, 1899.

VOL. IX.



Charles Murchison.

BY S. J. SHARKEY, M.D.

GENTLEMEN,—

The Honorary Secretaries of the Medical and Physical Society have asked me to give you some account of a man to whom St. Thomas's Hospital and School owe a great debt of gratitude, as he was one of our most eminent physicians and teachers. I refer to Dr. Murchison. I cannot boast of having been an intimate friend of his, or of having seen much of his private life. Such knowledge as I possess was obtained mainly from his work in the Wards and in our School. Dr. Payne has written a short and appreciative account of him in the Dictionary of National Biography, Vol. XXXIX., and to this article I am indebted for some of the details of his life.

Charles Murchison was born in Jamaica on July 26th, 1830, and was the younger son of the Hon. Alexander Murchison, M.D., and

cousin of Sir Roderick Murchison, the great geologist. At the age of three he was brought to Elgin in Scotland, and at fifteen he entered the University of Aberdeen as a student in arts. Two years later he commenced his medical studies in Edinburgh, where he obtained a large number of medals and prizes in natural history, botany, chemistry, and in more distinctly professional subjects. He excelled especially in surgery, and, after passing the examination of the College of Surgeons of Edinburgh in 1850, he became House Surgeon to James Syme. In 1851 he took the degree of M.D., and obtained a gold medal for his dissertation on the "Structure of Tumours." He then spent a short time as Physician to the British Embassy at Turin, and, returning to Edinburgh, was for a while Resident Physician at the Royal Infirmary. He then studied at Paris and at Dublin, and entered the Bengal Army of the East India Company in 1853. On reaching India he was almost immediately made Professor of Chemistry at the Medical College, Calcutta. In 1854 he served with the expedition to Burmah, and subsequently wrote two papers on the "Climate and Diseases of Burmah." In 1855 Murchison left the service and settled as a Physician in London. His first appointment there was that of Physician to the Westminster General Dispensary. Shortly afterwards he became Lecturer on Botany and Curator of the Museum at St. Mary's Hospital, and wrote an excellent catalogue of the specimens which it contained. In 1856 he was appointed Assistant Physician to King's College Hospital, but, in accordance with the rules of that institution, he vacated the post in 1860. He then became Assistant Physician and Lecturer on Pathology at the Middlesex Hospital, and in 1866 was appointed full Physician, a post which he held until 1871. From 1856 to 1870 he was first Assistant Physician and then full Physician to the London Fever Hospital, and on his retirement from this Institution he was presented with a testimonial by public subscription.

When St. Thomas's Hospital was opened on its present site, Dr. Murchison was offered, and accepted, the posts of Physician and Lecturer in Medicine, and these he retained till the day of his death.

He was a Fellow of the Royal Society and of the Royal College of Physicians of London, and he delivered the Croonian Lectures in 1873. He was Examiner in Medicine to the University of London in 1875. He received the honorary degree of LL.D. of the University of Edinburgh, and shortly before his death he was appointed Physician to the Duke and Duchess of Connaught.

He held the offices, first of Secretary, then of Treasurer, and finally—1877-1881—of President of the Pathological Society.

For seven or eight years before his death Dr. Murchison knew

that he had Aortic Disease, and when he first made this discovery he considered the question of retirement from actual work. After taking counsel, however, with his medical friends, he determined that he would not do so. During the succeeding years he worked bravely on, a noble example of courage in the face of death. For he knew perfectly well the kind of end that was likely to overtake him, and how it might come upon him suddenly and at any moment. This knowledge never interfered with his doing the best work he was capable of, and the prognosis which he had no doubt formed in his own mind was verified when he fell dead in his consulting room on the morning of April 23rd, 1879. I well remember the sorrow and dismay that the news produced at St. Thomas's. I was Resident Assistant Physician at the time, and was confined to bed with an attack of diphtheria, for which Dr. Murchison was attending me. He had paid me a visit about six o'clock the night before, and he was then in his ordinary health, as indeed he was on the morning of his death, nor had he given any evidence while seeing his patients that death was any nearer to him than it had been for the previous seven or eight years.

He was buried in Norwood Cemetery. His wife (daughter of Mr. Bickersteth, a distinguished Liverpool Surgeon), two sons, and four daughters survived him. A subscription was raised in order to found some memorial of his life and work, and, as a result of this, a bust of him was placed in the Entrance Hall of the Hospital, and a Murchison Scholarship for Medicine was founded, to be awarded alternate years in London and in Edinburgh. But he has left a far more impressive memorial of himself in his writings and in the influence that he has had on the teaching of medicine—an influence that will never die, but will be handed down from generation to generation, modified, perhaps, by successive teachers, but still an ever-living force in medical education.

The teaching of the Principles and Practice of Medicine has always had for its basis, first of all, systematic lectures, and, secondly, clinical instruction in the wards and out-patient rooms. Before what I may call the modern period, many an eminent physician delivered courses of the most eloquent and learned lectures on medicine, and, no doubt, with the greatest benefit to those who heard them and to those who read them when published. Nowadays this side of medical teaching is often depreciated, and many seem to think that it might well be dispensed with. This is not the view I take. Experience tells me that more may be learnt from a good lecturer in an hour than can be learnt by reading in a much longer time. But the art of lecturing is to a large extent a gift, and many of the ablest and most learned men have not that gift. They ought, I think, to leave lecturing for others,

and devote themselves to things in which they excel. Systematic clinical teaching, having for its special object the instruction of students, is of comparatively modern development. Physicians at hospitals have indeed always been followed by a number of students who have seen the cases and, perhaps, heard opinions upon them and witnessed the treatment adopted. But the old term applied to this peripatetic method of study, viz., "Walking the hospitals," rather indicates the casual way in which the students were left to pick up what knowledge they could. The modern development consists in this, that the teacher who could see his patients and treat them in a third of the time definitely lays himself out to teach the student as much of the principles and practice of medicine as are suggested by the various incidents occurring in the cases before him, and may even employ the Socratic method of questioning his pupils. I do not think it is asserting too much when I say that Murchison was one of the great apostles of clinical teaching. It was mainly because I heard that this was so that I came as a student to St. Thomas's, a choice upon which I have ever since congratulated myself.

There is, no doubt many think, a glut of teachers at the present time, but it was not so then; there were very few good teachers of medicine in London, and foreigners, though quick in noticing this defect when they came to England, were no less quick in recognising Murchison as a grand exception. Extreme accuracy and thoroughness were the marked characteristics of his teaching. He expected Clerks and House Physicians to go into the minutest details in their notes of the family and personal history of the patient and in the record of the symptoms and physical signs; and students who went round the wards with him were expected to remember the details of each case.

The precision he required was sometimes almost ludicrous. I remember his suddenly turning to a student and asking him to tell him all about a case which had been seen for the first time at the previous visit. He commenced a description of how the man had been riding down-hill, how the horse had stumbled, and how the rider had been thrown. He was about to proceed when Murchison interrupted him with the remark that he had omitted to say on which side he fell; "On the right," said the student; "No, it was on the left," said Murchison. He had a wonderful memory for facts, and he seemed to be able to carry the history of everyone of his cases accurately in his memory, and he expected others to do the same.

He used to stand at the head of the bed with his back to the wall, questioning and cross-questioning the students, and dilating on the history, physical signs, diagnosis, and treatment of the case. As he stood facing us, pale, somewhat sallow, and with violent

pulsation clearly visible in the carotids, it was easy to diagnose the disease of heart which was so soon to terminate his useful and brilliant career.

He was very grave in his demeanour, slow and deliberate in his movements and in his examination of patients, and rarely indulged in joking. Sometimes a smile would light up his rather sad face, but he hardly ever laughed. Yet he was very far from being morose, and it was very unusual to see him angry. Sarcastic he certainly could be, but generally in a good-humoured way. The students entertained a very wholesome respect for him, and would never venture to take the smallest liberty with him, and it was not often that they summoned up courage to ask him a question. They accepted what he said as gospel. He was very good at percussion, using the middle finger only of the right hand, with which he percussed one finger of the left. And his percussion was gentle, as it is with all who are really expert in this method of examination. He had a very good ear, which could detect murmurs and other sounds which are difficult to hear, and which could accurately discriminate the various alterations produced by disease. He was slow and gentle in palpation, especially when examining the abdomen, and never gave pain if he could help it, another characteristic of the first-rate physician. He laid great stress on first getting the patient into the most favourable position for the relaxation of the abdominal walls, well knowing that when they are rigid they present insuperable obstacles to the examination of the viscera below.

But Murchison displayed his ability and power most of all when he came to the final consideration of the facts of the case. After unravelling the history with consummate patience, and determining by unwearied examination the physical signs and symptoms, he would marshal them all before his hearers and draw the legitimate conclusions from them in a clear and masterly style. Early in his career Murchison had distinguished himself in nearly all the departments of medical knowledge, the study of which precedes clinical work, and he utilised his knowledge of them all—Chemistry, Anatomy, Physiology, Pathology—in his work at the bedside. His teaching therefore was well up to the level of the knowledge which existed at his day. He was said to be too dogmatic by some, while others held that dogmatism was essential to the teaching of students.

To me it seems that the teacher ought to aim at reproducing for the student the methods which he makes use of and the thoughts which pass through his mind in the course of his diagnosis and treatment of cases. He should long ago have made up his mind as to the best means of accomplishing the end he has in view, and one

may take it for granted that the way he sets about and carries the matter through is that which appeals to him as the most natural and the best. And it is this which he ought to reveal to the student. As the latter will have similar cases to deal with in future the teacher ought to be only dogmatic where the diagnosis and treatment hardly admit of doubt. If doubt exists in the teacher's mind the only good and fair teaching is that which leaves a doubt in the student's mind. Innumerable cases can be safely treated and guided to a successful termination only on the assumption that doubt exists as to the exact nature of the disease, and that being so it must be a defect in a teacher to be dogmatic where he knows uncertainty exists. Treatment which might be adopted with success if one view of a doubtful case turned out to be correct, might be very harmful if it proved to be incorrect. If it is permissible for a pupil who reveres his former master, and who owes to his teaching and example a great debt of gratitude, to criticise another feature in his work with students, I should suggest that he was too fond of saying "Well, now what might this case be?" and then requiring as an answer a number of diseases which resembled each other perhaps very superficially, and which could scarcely be mistaken for the case before him. In such instances that method would never be employed by the teacher himself or by others, the case being an ordinary straightforward example of disease, though it would be the natural method when the case was an obscure one. The teacher should aim at rendering himself transparent to the scholar, revealing his methods of examination, his thoughts on the cases before him, his certainties and his doubts. The student when he arrives at a certain stage of experience may then adopt what he believes to be the best for himself, and modify that which he thinks he could do better otherwise; and he will be prepared for the doubts and difficulties which must inevitably occur to him in his future practice. But even if it be allowed that such criticism as this holds good, it cannot alter the fact that Murchison was one of the best, if not the best, teachers of medicine of his day in this country.

Some of those who are present might like to know the origin of the list of names which some of their teachers carry in their pockets and use to remind them of those gentlemen who wish to be questioned at the bedside. Murchison originally had no such list, but picked out any student he chose of those who accompanied him on his visits. One day a student whom he wished to treat in this way absolutely refused to submit to the ordeal, and said he did not wish to be questioned. From that day Murchison never spoke to any students unless they had had their names put down on his card. But, as a rule, those who followed him were very ready to

be "put on" to cases, and they got as thoroughly well "ragged" (I think the students call it) as they do to-day, and they took the matter no less good-humouredly. I can now recall to mind how one of my most distinguished and popular surgical colleagues used then to go round with Murchison, how he used to be put on to cases, and how he got "ragged" like the rest; but he always took it well, and even thankfully, and shewed himself a model of what a student ought to be under such trials. But he has had his reward, as I feel sure that he would allow that the medicine he then learnt has added not a little to the judgment which distinguishes him so much as a surgeon to-day. I refer to Mr. Pitts.

I remember how refreshing it was to witness the interest and enthusiasm which Murchison's "rounds" evoked. None were exempt from it, whether they were House Officers, Clerks, "Sisters," or Nurses. Each visit was looked upon as a great event, and the utmost curiosity was always evinced as to what the new cases were upon which he was likely to teach. Usually a certain number of foreigners and others not connected with St. Thomas's were present, but Murchison rarely paid them any marked attention. As I have already mentioned, he could at times be very sarcastic. I well remember that on one occasion he came to a case of Typhus, and, as he held that the infection did not spread more than a foot or two from the patient, he made the students stand in a circle a little way from the bed, and he took up a similar position himself. But the "Sister" of the ward was a fussy little person, and kept on approaching the patient and doing little things for him which were quite unnecessary. Murchison turned to her and said that if she was not more careful she would catch the disease. "Oh no," said the "Sister" cheerily, "I have had it already." "So have I, *twice*!" replied Murchison drily. And so he had, and it is interesting to relate that he was inclined to attribute the disease of his aortic valves which killed him to the effects of these two attacks of Typhus.

To be continued.

Medical Technique.

THE changes in the routine of the Medical Wards have not been of such striking nature as those on the Surgical side. There have, however, been many minor changes, the record of which may be of interest.

It is possibly in the direction of diagnosis that the greatest changes have occurred. Thanks to the institution of the Clinical Laboratory, the installation of the X-Ray apparatus, and the avail-

ability of a properly equipped Electrical Department, diagnoses are made with much greater accuracy than in former years was possible.

The value of the Clinical Laboratory becomes daily more apparent. The routine examination of the urine and the examination of sputa for tubercle bacilli still takes place in the wards, but for the examination of blood, vomit, test meal residues, and in exceptional cases of the urine and the faeces, the aid of the Clinical Laboratory is invoked. In cases of anæmia and leucocythæmia the examination of the blood is now carried out with a regularity which was before impossible. Differential counts of the varieties of leucocytes are also made. The presence of the malarial parasite is demonstrated in the few cases of malaria which come under observation at the hospital. Bacteriological examination of the blood is made in cases of ulcerative endocarditis, of purpura and the like, sometimes giving indication for the adoption of treatment by antistreptococcal serum. The agglutinative action (Widal) of the blood is always investigated in cases of typhoid or suspected typhoid fever, and at the same time the urine is examined for the "diazo" reaction. This procedure has several times proved of the greatest importance. The blood required for bacteriological investigation is removed direct from a small vein in a sterilised syringe; blood for "counts" and for serum reaction is removed from a carefully cleaned finger in a capillary tube with a bulb blown in its centre. Both ends of the tube having been sealed it is removed to the laboratory.

The "test meal" is in very common use in the diagnosis of stomach affections. Ewald's method is usually adopted, *i.e.*, a small meal of bread and weak tea is given on an empty stomach and removed by the soft stomach tube an hour later. The stomach is washed out before the meal if dilatation and the accumulation of contents renders this necessary. The residue obtained after the meal is examined for the presence of free acid, and also for the products of digestion.

All cases of tonsillitis occurring in the wards are now bacteriologically examined, and thus diphtheria can be isolated at the earliest stages. Cultures are also taken from all cases admitted as diphtheria as early as possible. For this purpose the clinical laboratory issues shallow tin boxes, which are divided longitudinally by a partition. Each box contains a sterilised swab in a sterilised tube, and a tube of solidified blood serum. A form containing the particulars of the case is enclosed, and the box and its contents handed over to the laboratory for incubation and report. The report which is usually available on the next day is delivered on a special form to the ward in which the patient is. Antitoxin is

injected into practically all our diphtheria cases and the results are satisfactory, sometimes strikingly so. That no time be lost the report of the laboratory is only awaited in very mild or doubtful cases. The rule at present is to start with 8,000 units and repeat once or twice if necessary during the course of the next 36 hours.

More than 8,000 units are rarely required. Of course the injection is performed after the aseptic method, the syringe being sterilised by boiling, and the skin carefully washed.

Urine is only sent down to the clinical laboratory under special circumstances, as for instance when it is necessary to use the centrifugal machine for the detection of casts or tubercle bacilli, or when it is desirable to clear up doubts as to the nature of reducing bodies which may or may not be sugar. Urea estimations are performed in the wards, either by the instrument of Doremus' pattern or, with greater accuracy, by Mayhew's Ureameter.

The X-Ray department is more used for diagnostic purposes by the Surgical than the Medical side. Nevertheless, the utility of the method in certain medical cases is undoubted. By the use of the vacuum tube and fluorescent screen many obscure thoracic aneurysms have been demonstrated, and aneurysms in some cases discovered where their presence was not suspected. The rays are also of some use in lung cases, more particularly where the presence of foreign bodies in the air passages are suspected and in cases of hydatid disease. For the detection of renal and of biliary calculi the process is very disappointing. Of course the use of this method involves the removal of the patient to the X-Rays Room and this is not always possible. In the majority of chest cases it has been found unnecessary to photograph the patient, a few moments' observation with the fluorescent screen being all that is required.

The Electrical department undertakes the investigation of muscle reactions where this is necessary. For this purpose the patients are usually sent down to the department, but in some instances it is impossible to do this, and a portable battery is then taken to the ward. A few patients are also sent down for the electric bath, but the ordinary "battery" cases are, as usual, managed by the student and nurse in charge.

To turn now to the methods of treatment in daily use. Reference has already been made to the antitoxin treatment of diphtheria. Of the other antitoxins, the anti-streptococcic serum has been several times used in cases of ulcerative endocarditis, but the results so far have not been very encouraging. As most cases of tetanus are considered surgical we cannot say much about the anti-tetanic serum.

It is still the custom for the aspiration of chests and the tapping of abdomens to be performed by the House Physician. The

instruments, including the knife, are all boiled for fifteen minutes in the small sterilisers which have been fixed in all the medical wards. It is found that the edge of the knife is well preserved if the blade be wrapped in a layer of lint and the knife either boiled by itself or placed in a test tube when put in the steriliser. The site of the operation is thoroughly scrubbed with soft soap and then cleaned with ether and surrounded by towels. The instruments are then turned out into a large porringer containing carbolic lotion, and, after that, touched only by the operator. An assistant manipulates the tubing and aspirator. The exhaustion of the bottle has been much facilitated by the introduction of an exhaust foot-pump in place of the toy-pump formerly used. The use of the "tapping towel" is still adhered to when removing collections of fluid from the belly. Needless to say, the trocars, cannulæ, and aspirator needles used are all of the simplest pattern and easily cleansed.

The practice of exploring doubtful abdominal tumours with the trocar has entirely died out; in place of this exploration is performed in the theatre by the surgeon when such procedure is considered necessary.

Silver catheters are now exclusively used in the female wards for drawing off urine in cases where this is necessary. The catheters are sterilised by boiling. In the male wards, wherever possible, a flexible red rubber Jacque's catheter is used, as this can be sterilised by boiling without damage. In a few cases only is the ordinary black catheter fallen back upon. A new catheter is always used for every case, and in the intervals between use the catheters are kept in a tall corked jar of mercury perchloride and glycerine. Each patient has his own jar. The old custom of requiring the dresser on accident duty to pass catheters at night is quite abolished, and the House Physician held responsible.

Wet and dry cupping has become almost obsolete, but a patient is still occasionally "cupped" over his kidneys in cases of suppression. Leeches are frequently used, particularly to relieve congestion in cardiac disease, and sometimes in pericarditis. Venesection is growing in frequency. It is chiefly used in cardiac disease and in bronchitis with much cyanosis, sometimes in the earlier stages of pneumonia, and also in instances of dyspnoea and cyanosis from aneurysmal pressure within the thorax. Blood letting is also resorted to in uraemic convulsions, and sometimes in these cases used in conjunction with saline infusion. Saline infusion is still practised as a last resort in diabetic coma, but the results are by no means encouraging. The way in which linseed poultices have fallen into disuse is very striking indeed. It is no longer the custom to enclose a patient suffering from acute pneumonia in a "jacket poultice" renewed every two hours.

Instead of this the pneumonia jacket is almost universally used to prevent undue exposure, and poultices, usually with mustard, only occasionally resorted to to relieve pain. The ice-bag is frequently applied in early stages of appendicitis with considerable relief to the patient; it is not so much in favour for inflammatory affections of the lungs and pleuræ. With regard to appendicitis, we have not adopted the plan of immediate operation on all cases, but there is no doubt that operation is more frequent and earlier than formerly. All patients admitted with this complaint are advised to have the appendix removed before they leave the hospital, and the majority consent.

Despite the introduction of antitoxin, intubation has not replaced tracheotomy in the treatment of the laryngeal obstruction of diphtheria. Intubation was for a time tried, but has proved less satisfactory than the alternative proceeding.

Complimentary Dinner to Sir William MacCormac, Bart., K.C.D.O.

ON May 24th, at the Café Royal, Sir William MacCormac was entertained by seventy-seven of his old house-surgeons. Of the entire number holding that office during Sir William's active connection with the hospital some were dead, others were abroad; but of those practising within the United Kingdom almost all assembled to do honour to their old chief. The Chair was taken by Mr. G. C. Franklin, the Senior House-Surgeon. The programme forms quite a souvenir of the event. It gives a portrait sketch of Sir William, a view of St. Thomas's, with a vignette representing the work of the army medical department on the field of battle. A list of the house surgeons from 1870 to 1895 completes it. It is interesting to note that with the exception of Mr. Anderson, who was house surgeon shortly before Sir William joined St. Thomas's, the entire surgical staff are included in the list. The seats were arranged according to seniority.

The Chairman, in proposing the toast of the Queen and Royal family, remarked on the intimate connection of Her Majesty with St. Thomas's, and recalled the occasion when on May 13th, 1868, the Queen laid the foundation stone of the new hospital. In 1871, the Queen and all the members of the Royal Family were present at the opening of the hospital.

The toast of the Guest of the evening was allotted to the Chairman, supported by Mr. G. H. Makins, Dr. T. D. Acland, and Mr. F. E. Nichol,

Mr. Franklin well remembered the occasion in 1871 on which the house surgeons were introduced to Sir William when he first joined the hospital. He had the honour of taking Sir William round the hospital, then in the Surrey Gardens. St. Thomas's was at that time supposed to be under a cloud; if it were so the cloud had not only a silver lining but a golden one. Among the Staff of those days were Barker, Goulden, Risdon Bennett, Peacock, Bristowe, Ord, Stone, Barnes, Gervis, Solly, Le Gros Clerk, Simon, Sydney Jones, Croft and Wagstaffe. Since joining St. Thomas's Sir William had held every position of importance in the College of Surgeons with ability and satisfaction to the surgical world; and now he had been elected President for the third year in succession. When he, the chairman was house surgeon, Le Gros Clark, after examining a case of ruptured bladder, had referred to it with sorrow as a fatal injury. His grief would have been turned to joy could he have known that it was a St. Thomas's man in the person of Sir William MacCormac who would be the first to successfully operate for it.

Mr. Makins dwelt strongly upon the influence of Sir William in building up the school. Sir William joined the hospital at a very critical period of its career—the time of its migration to its present splendid home—and one of his first acts was to present to it his collection of gun-shot injuries, casts and drawings. Of still greater importance was the influence he was destined to exercise upon the rising school, an influence, in part personal, and in part due to his wide sympathies. The speaker recalled Sir William's punctuality, the interest he took in his cases, his uniform kindness and consideration for his patients. He regarded his dressers as individuals, and kept a book with remarks as to their character and disposition. He influenced his pupils by his wide sympathy with men and manners; he encouraged them to learn foreign languages, and to go abroad. The future of anti-septic and aseptic surgery was assured from 1879 when Sir William gave an address at a meeting of the Metropolitan branch of the British Medical Association. Mr. Makins then mentioned many of the more important procedures introduced by Sir William, and the large amount of literary work he had done. One other thing he could not omit and that was the hospitality of No. 13, Harley Street; there were to be met the bearers of all the great names of the profession abroad—Langenbeck, Billroth, Virchow, Pasteur, Charcot, Billings, Esmarch and many others too numerous to be mentioned. Sir William was singularly happy in his home surroundings, and in the gracious lady who presided over his home with such absolute devotion not only to his interests, but also to those of his friends. Not a little of his

success in life might be ascribed to this influence, and by no one was Lady MacCormac more beloved and respected than by Sir William's old pupils. Mr. Makins briefly referred to the personal connection between himself and Sir William and to his respect and esteem for him, which were the outcome of years of intimate knowledge. Sir William occupied the most exalted position an English surgeon could hope to obtain, and had become the trusted attendant of the Royal Family. Long might he continue to flourish.

Dr. Acland could not conceive that there could be higher praise than that a man should be a good military surgeon. The services Sir William had rendered on the field of battle were known all over the world. He had earned the gratitude of the army medical department by speaking in defence of it against the whole of Lord Camperdown's Commission. The speaker had known Sir William twenty years and had never had a serious difference of opinion with him except when he came down too early in major week, in the days when he was house surgeon. Sir William was consulting surgeon to the St. John's Ambulance Society and to the Red Cross Society—Societies which did much to enable the wounded to get what was possible to make their sufferings less dreadful.

Mr. F. E. Nichol represented the house surgeons and those whom fortune had led to practise in the provinces. All wished they could see more of their old master Sir William, who was however himself partly to blame for it, for he had so grounded them in surgical handicraft that they had the temerity to do their operations for themselves. To be Sir William's house surgeon was a liberal surgical education. Above all they liked to think of him as Surgeon to St. Thomas's, and drank to him in that capacity.

The Chairman then presented Sir William with an illuminated album containing the signatures of his old house surgeons.

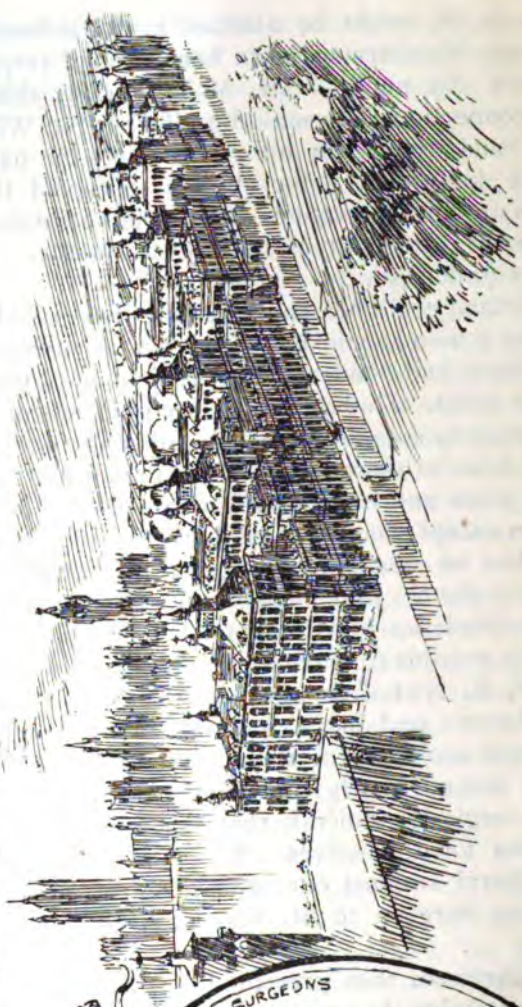
Sir William MacCormac who was received with enthusiastic applause, thanked the proposers of the toast for their kind words, and everyone present for the manner in which they had accepted what had been said. Four persons had proposed his health and he was at a loss to know whether four speeches were required from him or one. The compliment that was unanimously being paid him by so many touched him most deeply. Such an occasion and a book of signatures such as he had been presented with came to few and he appreciated it most highly. He was not aware that he was so popular a person. There was an old saying however, that when all the world speaks well of a man he should beware; there was always a quid pro quo in life; but he felt he must discard that idea after that night. He remembered coming from the war in the

MAY 24TH 1899

COMPLIMENTARY DINNER

TO

SIR WILLIAM MAC CORMAC BART. K.C.V.O.



... GIVEN BY ...

Old House Surgeons of St. Thomas's Hospital,
1870-1894.

G. C. FRANKLIN, in the Chair.

1870-1. C. FRANKLIN
A. J. DRAKE
1871-2. G. C. FRANKLIN
1872-3. G. C. FRANKLIN
1873-4. G. C. FRANKLIN
1874-5. G. C. FRANKLIN
1875-6. G. C. FRANKLIN
1876-7. G. C. FRANKLIN
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1879-0. G. C. FRANKLIN
1880-1. G. C. FRANKLIN
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1889-0. G. C. FRANKLIN
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1897-8. G. C. FRANKLIN
1898-9. G. C. FRANKLIN
1899-0. G. C. FRANKLIN

1870-1. MARSH
G. H. D. GIMLETTE
1871-2. MARSH
G. H. D. GIMLETTE
1872-3. MARSH
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1898-9. MARSH
G. H. D. GIMLETTE
1899-0. MARSH
G. H. D. GIMLETTE

1890-1. G. STOKES
W. A. J. RUTLAND
1891-2. G. STOKES
W. A. J. RUTLAND
1892-3. G. STOKES
W. A. J. RUTLAND
1893-4. G. STOKES
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1898-9. G. STOKES
W. A. J. RUTLAND
1899-0. G. STOKES
W. A. J. RUTLAND

A. H. LAVER
G. CLEHORN
1873-4
L. BOULGER
E. WELCHMAN
A. V. MAYBURY
H. W. VERDON
1874-5
J. CROSSMAN
G. M. TAYLOR
G. F. ROSSITER
J. W. CLARKSON
1875-6
H. P. POTTER
H. H. CLUTTON
C. H. NEWBY
R. MAPLES
1876-7
B. PITTS
R. MAPLES
C. C. SMITH
W. EDMUNDS
1877-8
J. F. NICHOLSON
J. BLACK
F. H. WEEKES
W. H. BATTLE

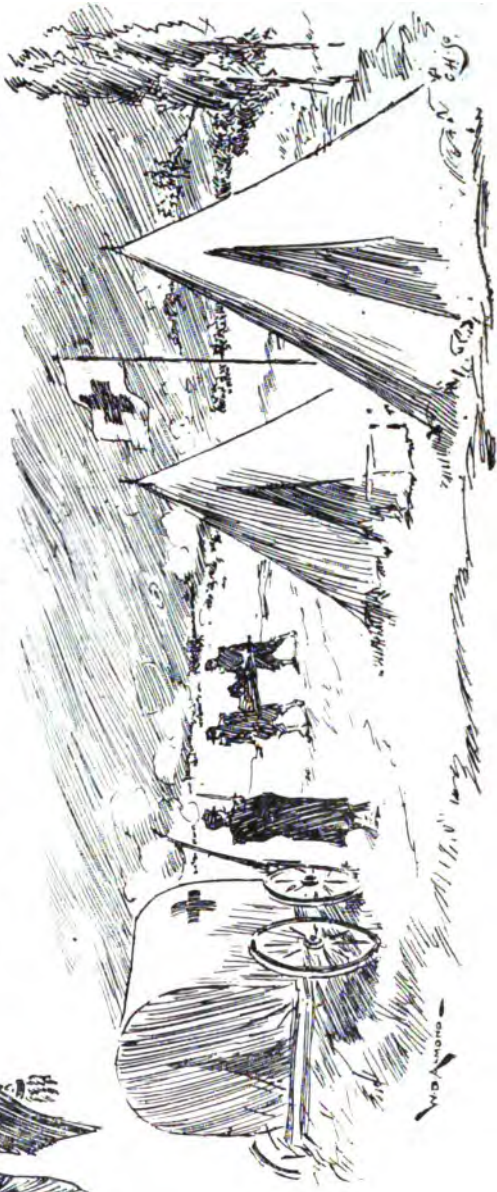
1880-1
J. R. LUNN
C. A. BALLANCE
H. P. BUTLER
A. B. CARPENTER,
1881-2
T. D. AGLAND
F. W. MARLOW
M. P. M. COLLIER
E. F. WHITE
1882-3
W. A. DUNCAN
C. W. HAIG BROWN
H. M. MILTON
A. E. WELLS
1883-4
W. WANSBROUGH JONES
G. F. COOPER
F. F. CAIGER
G. D. JOHNSTON
1884-5
J. ORFORD
H. B. ROBINSON
W. HULL
C. D. GREEN
1885-6
R. LAWSON
B. BELTON.

1889-90
H. G. TURNEY
A. N. BOYCOTT
H. H. HULBERT
F. R. S. MILTON
T. W. LAWERT
T. P. COWEN
G. E. ANSON
H. GERVIS
1890-1
A. F. STARR
A. C. LANKESTER
H. W. NIX
E. E. WARE
S. G. TOLLIER
W. S. GRIFFITH

1892-3
A. BANKS
H. BURDEN
J. H. FISHER
P. J. ATKEY
W. P. PURVIS
R. R. LAW
W. G. SUTCLIFFE
W. L. WAINWRIGHT
1893-4
C. S. WALLACE
E. SMITH
W. REDPATH
C. PLANCH
S. W. F. RICHARDSON
E. M. HAINWORTH
A. R. O. MILTON
G. W. THOMPSON
1894-5
H. J. DICKSON
L. I. MISKIN
A. V. CUFFE
W. J. C. MERRY
G. J. A. OLD
R. E. SYMONS
A. E. RUSSELL
H. W. HARDING

W. F. E. MILTON
T. A. M. FORDE

W. SHEPARD



late autumn of 1870, and hearing by accident that there were many vacancies at St. Thomas's, he ventured to apply for one, and though told by friends that he had not the slightest chance he was elected, and became acquainted with those Elysian fields, the Surrey Gardens. He would like to indulge in a reminiscence or two. When he became full surgeon in 1873 it was the practice to use poultices for nearly everything. He did his best to protest, but the nurses said they were such nice warm things. It was even said of him that on one occasion he threw a poultice at a dresser's head. When plaster of Paris was coming into use for fractures he remembered receiving a letter from the Treasurer calling him to book and holding him responsible for the loss, injury, and damage done to the hospital property by dirty mortar. No one had mentioned the custom of visiting the hospital in the early morning at 8 a.m. (cries of "Seven"). He could remember having to go round by candle light. He looked back with pleasure on his twenty years as Lecturer on Surgery. In life however, it was not so much the past as the future which had to be considered. We all struggle after the ripe and rich fruit; and whatever our measure of success, it was the struggle and the effort to do better things which compose the real salts of life; not realization so much as anticipation. He would always preserve as one of the liveliest and happiest recollections of his life the regard for him which had been so abundantly testified that evening. As for the Congress of 1870, he would like to say that but for Mr. Makins' aid that congress would not have been a success. Nothing could have touched him more deeply than the reference to his dear wife. He would conclude with a few words from Pope:—

Years following years steal something every day
At last they steal us from ourselves away;
Yet he lives twice who can at once employ,
The present well, and e'en the past enjoy.

Repeated cheers for Sir William, followed by cheers for Lady MacCormac greeted the termination of his speech, and the evening terminated with Auld Lang Syne.

Hospital News.

THE Dinner to Sir William MacCormac was, as anticipated, a great success. All who were there had been House Surgeons, and strong bond of fellowship as that constitutes, it needed the further bond, that of allegiance to and affection for Sir William to bring them gladly from all parts of the country to do him honour. To those

who were among the juniors it was very interesting to glance along the tables and to see first old colleagues, then those well-known predecessors whose dressers they had been, then those known merely by sight, and finally to pass to those quite unknown save by repute, with here and there the well-known face of some member of the Staff, dethroned at that assembly from any higher state than that of a certain House Surgeon of a certain date. Those perhaps who were holding office about the middle of the period involved would appreciate more keenly the whirligig of time when they glanced in one direction at the prosperous-looking seniors (they all looked most prosperous), and in the other at the juniors who had succeeded them by relays year after year. To none, however, can it have been so interesting as to him in whose honour they had assembled. The programme was so interesting that it has been bound up as a permanent souvenir.

Great improvements are in progress in Block VIII.; one-half of the block, comprising Lydia, Dorcas, and Anne Wards, is to be re-floored with teak, and the lavatory and bath accommodation remodelled. A very good feature is being introduced into Dorcas—a doorway from the lavatory into the corridor, the purpose being to do away with the necessity of soiled linen, &c., that has once left the ward re-entering it. All clean linen will be taken into the ward from the central staircase; when soiled it will be taken into the lavatory, kept in tanks, and from thence will pass directly to the ward corridor near Lambeth Palace Road. By this means the central staircase and landing will be as far as it is possible to arrange free from one possible source of infection. The soil pipes are being taken through the walls, and will pass outside the building instead of as heretofore within the walls. The same radiators as in City Ward will be installed. We have not heard whether electric light is to be introduced or not, but now that the floors and walls are in the hands of the workmen it seems a very good opportunity. Considering the size of the hospital the question arises whether it would not be cheap in the long run to put down electric plant sufficient to generate light for the whole place; but doubtless the problem has been considered.

The Adelaide patients were the first to enjoy City of London Ward in all its glory, for they were transferred there while their own ward was undergoing the usual spring clean.

Structural alterations, if not always very difficult in themselves, give rise to much ado in the working of the Hospital. At present both Clayton and Leopold are empty, while the lavatories are being

modernized so as to bring them into a line with City Ward. The Clayton folk have found shelter in Alexandra, and Leopold in City, the net result being the loss of one female surgical ward during the alterations.

We are very glad to hear that Mr. Clutton is much better, and hope he will soon be well enough to return to his wards again.

A new honour has been gained by the Chemical Department. Dr. A. W. Crossley, Ph.D., M.Sc. (Victoria), has gained the D.Sc. (Victoria); for this he sent in no fewer than eleven papers of original work.

In the Inter-Hospital Cricket Match played on June 19th we were successful in defeating Guy's by three wickets. This was the second round, Charing Cross having scratched in the first.

We hope the article on Medical Technique may prove of interest. It is intended especially for those who have left the hospital, some of whom frequently make enquiries as to whether some procedure is still carried on at the hospital, or has been abolished or modified. Nothing is so calculated to inspire confidence in any method of diagnosis or treatment as the fact that it is in daily use at one's own hospital.

It is seldom that so many changes have to be chronicled as have just occurred among the lecturing staff. Firstly, Mr. Clutton's resignation of the lectureship on Surgery will be received with great regret. He will be succeeded by Mr. Anderson, who will share the lectures with Mr. Pitts. Mr. Anderson and Mr. Makins have resigned the lectureships on Anatomy, and Mr. Parsons becomes Senior Lecturer—another step in the dissociation of the dissecting room from the operating theatre, which is quite in accordance with the signs of the times. The other lectureship in Anatomy has not yet been filled up. Dr. Hawkins will no longer deliver his lectures on Pathology, and Dr. Turney and Dr. Perkins succeed him. Finally Dr. Turney gives up the Forensic Medicine lectures, but his successor remains to be appointed.

At last we have had a boat on the river in the Inter-Hospital Competition. Certainly we came last, but still, even that is an achievement. St. George's, as usual, were first, and London second.

Numerous changes have occurred recently in the nursing staff. Miss Allardyce has left Florence, and Miss Boyd-Carpenter the Home; they are about to open a Nursing Home for Children, and

we wish them every success in their venture. Miss Agg has been appointed to Florence, and Miss Tippet leaves Alexandra for the Home. Miss Vesey leaves Beatrice for City, and has been succeeded in Beatrice by Miss Froude. Miss MacClure has left Edward, and we congratulate her on her approaching marriage to Mr. W. H. Tucker.

Medical and Physical Society.

A GENERAL Meeting was held on June 8th, at which the following officers were elected :—

President—Dr. Turney.

Vice Presidents—Dr. Acland, Mr. Anderson, Mr. Battle, Dr. Cullingworth, Mr. Lawford, Dr. Mackenzie, Dr. Nicholson, Mr. Robinson, Mr. Shattock.

Hon. Treasurer—G. Saunders.

Committee—Messrs. H. T. D. Acland, C. L. Hawkins, H. R. Beale, F. C. Eve, H. Armitage, H. G. De Brent, C. F. Selons, H. S. Stannus, G. A. C. Shipman, A. Mavrogordato. Of these Messrs. Eve & Shipman were elected secretaries.

Votes of thanks were passed to Dr. Turney and to Mr. Acland for the great success of their efforts as President and Secretary respectively last year.

Mr. Saunders presented the accounts shewing that the expenditure had been very satisfactorily reduced by abolishing the system of gratuitous refreshments, and that the new plan of guaranteeing ten dinners before every meeting proved a very satisfactory substitute.

The meeting recommended that the same plan should be continued this year, and it was hoped that members would take advantage of this opportunity offered of meeting each other socially; the price of the excellent little dinner provided was only two shillings.

Mr. Eve was elected to represent the society on the Council of the Amalgamated Clubs.

The proceedings terminated with a vote of thanks to Dr. Turney.

Water Polo.

INTER-HOSPITAL SEMI-FINAL.

v. ST. BARTHOLOMEW'S.

This match was held on 13th June, and resulted in a win for St. Bartholomew's by 7 goals to *nil*. During the early part of the first

half our opponents scored two goals, but we held them till half time. after which they scored easily. We were out-matched at all points, Team:—Goal, Thompson; Right Back, Gilks; Left Back, J. C. W. Graham; half, H. S. Stannus; Forwards, T. D. Miller, H. H. Kiddle, F. J. Child.

INTER-HOSPITAL TEAM RACE TROPHY SEMI-FINAL.

v. WESTMINSTER.

This was held on the 16th June, and lost by two yards. Team: H. H. Kiddle, H. S. Stannus, T. D. Miller, F. J. Child.

Rifle Club.

ST. THOMAS'S v. R.I.E.C.

THIS match was fired at Egham on Saturday, May 20th, our full team being present with the exception of Upcott. St. Thomas's won by 23 points on the eight, and by 16 counting out the two lowest scores of each side.

				200 yds.	500 yds.	Total.
N. Carpmael	..	..	..	23	33	56
H. Weekes	..	..	..	22	22	44
C. de Z. Marshall	..	..	..	31	24	55
J. F. Vaughan	..	..	..	25	31	56
N. Unsworth	..	..	..	17	27	44
R. B. Perkins	..	..	..	22	30	52
H. R. Beale	..	..	..	22	16	38
I. D. Walker	..	..	..	17	23	40
Total, counting out 38 and 40				..	..	307
R.I.E.C., counting out 35 and 36				..	..	291

ST. THOMAS'S v. WEYMOUTH COLLEGE.

This match was fired simultaneously at Runemede on May 29th, and won by 7 points. Scores:—

				200 yds.	500 yds.	Total.
N. Unsworth	...	...	...	26	24	50
N. Carpmael	...	...	...	31	31	62
H. Weekes	...	...	...	28	26	54
H. Upcott	...	...	...	30	29	59
C. de Z. Marshall	...	...	...	30	31	61
H. R. Beale	...	...	...	23	27	50
J. F. Vaughan	...	...	...	27	32	59
Grand Total counting out 50				...	...	345
Weymouth College for best six				...	...	338

ST. THOMAS'S v. MESSRS. COUTTS & Co.

This fixture was decided at Caterham on Friday, June 9th, and resulted in a win for Coutts, after a close shoot by six points. C. Hodgson, who was Captain of the St. Thomas's team in 1892, and several preceding years, fired for us, but owing to the conditions of the match had to be counted out. Counting him in the match was won by 6 points. Counting him out it was lost by 6 points. Scores:—

	200 yds.	500 yds.	Total.
C. de Z. Marshall	27	30	57
H. E. Weekes	20	28	48
N. Carpmael	31	28	59
J. Vaughan	25	28	53
J. O. Walker	22	27	49
H. R. Beale	25	24	49
R. B. Perkins, { Counted out }	24	21	45
C. Hodgson, { Counted out }	30	30	60
			<u>315</u>
Messrs. Coutts & Co. for best six, counting out 38			<u>321</u>
			6

ST. THOMAS'S v. ST. PAUL'S SCHOOL.

This match was fired at Bisley on Saturday, June 10th. Only four of our team turned up, and it was arranged that the best five of each side should count. No fifth man turned up for us and our four men beat the best five of St. Paul's by 3 points. Scores:—

	200 yds.	500 yds.	Total.
C. de Z. Marshall	31	31	62
J. F. Vaughan	32	33	65
H. E. Weekes	29	23	52
N. Carpmael	31	17	48
Total for four men			<u>227</u>
St. Paul's School.			
Total for best five, counting out 38			<u>224</u>
			3

Cricket.

ST. THOMAS'S 1ST XI.

v. Canehill. Played at Canehill on May 13th; lost by 155 to 110.

v. Barnes. Played at Chiswick on May 27th; result a draw; Barnes making 200 for 9 wickets against our 110 for 4 wickets.

v. R.I.E.C. Played at Cooper's Hill on June 3rd; lost, the R.I.E.C. making 180 against our 130 first innings, and 110 for 2 wickets in the second innings.

v. Ealing. Played at Chiswick on June 10th; lost by 180 for 3 wickets to 73.

Owing to Charing Cross having scratched in the Cup tie we obtain a place in the second round without playing.

Swimming Club.

1st Inter-Hospital Team Race, June 9th. 1st Round—St. Thomas's beat Westminster at St. George's Baths by 3 yards.

Team—J. J. Armitage, H. S. Stannus, T. D. Miller, F. J. Child (Captain).

Books for Review.

THE POCKET PHARMACOPŒIA. By Frederick Hudson-Cox and John Stokes, M.D., pp. 206. (Messrs. Baillière Tindall & Cox, London.)

This book is an epitome of the British Pharmacopœia of 1898. The former edition of 1895 was written by the late Dr. Armand Semple, but the present edition has been enlarged and in fact almost re-written. The therapeutical actions of the drugs and the active principles of the vegetable substances have been added. The descriptions seem accurate, and while it cannot replace a text-book of materia medica, it may be of use to those who do not feel disposed to buy the B.P. itself. It is neatly bound and well-printed.

Examination News.

ROYAL COLLEGE OF SURGEONS.

F.R.C.S. Primary—N. Carpmael, K. E. Crompton, F. A. C. Tyrrell.

St. Thomas's Hospital Gazette.

No. 6.

JULY, 1899.

VOL. IX.



Dr. C. G. Brodie.

DR. BRODIE, who has been appointed Director of the Laboratories of the Colleges of Physicians and Surgeons, succeeded Dr. Sherrington as Lecturer on Physiology in the autumn of 1895, and although he has therefore only been with us four years his departure from St. Thomas's is greatly regretted by everyone. Dr. Brodie came to St. Thomas's with a very good record. After being educated at King's College School he studied mathematics at St. John's College, Cambridge. He did his medical work at King's College Hospital, and took the London M.D. in 1893. After holding the Office of House Physician he was appointed Demonstrator of

Physiology and also of Animal Biology, the former of which posts he resigned on being elected Senior Demonstrator of Physiology at the London Hospital; at the same time he was appointed to the full lectureship on Animal Biology at King's.

Dr. Brodie is well known for the large amount of original work he has done; in 1898 he was appointed Arris and Gale Lecturer, and in the following year Erasmus Wilson Lecturer, the subject of the lectures being the chemistry of the antitoxins. He is the author of "The Essentials of Experimental Physiology," and has contributed many articles to the physiological and other scientific journals.

Dr. Brodie is an Examiner at the Primary Fellowship and at Durham University. He has also held one of the Grocers' Research Scholarships.

Since his advent to St. Thomas's he has inaugurated many striking improvements in the physiological laboratory, and his powers as a teacher have been most keenly appreciated. To all seeking his aid or advice he has been most helpful, and it is a matter for great regret that St. Thomas's has to lose his services. We wish him every success in his new work.

Charles Murchison.

BY S. J. SHARKEY, M.D.

(Concluded.)

ALTHOUGH Murchison's great reputation as a teacher was founded principally upon his clinical instruction in the Wards, his systematic lectures were greatly appreciated. The Theatre was always full, and he was listened to with attention and without interruption, although he lectured at a period when it was not the universal rule that lecturers could command a peaceful hearing. The student who behaved badly while Murchison was lecturing would have had short shrift indeed. Methodical order and completeness were the characteristics of his lectures. So fond was he of divisions, subdivisions and numbered headings, so many were his predisposing and other causes, that he was sometimes called "nineteenthly." His lectures had none of the descriptive brilliance of Sir Thomas Watson's or Trousseau's, but they constituted a complete epitome of all that was known on the subject. They could easily be written down, so deliberate was the delivery and so definite and well arranged the facts. For a succession of years St. Thomas's Hospital bore off the Scholarship or Medal in Medicine at the London M.B. Examination, and this success was attributed by some to

Murchison's lectures ; so much so that students used sometimes to hand down their notes to their successors, who thought that the possession of them materially increased their chances of distinction at this examination.

In addition to systematic lectures and bed-side teaching, Murchison also delivered Clinical Lectures, and a Special Lectureship was created for him. This Lectureship on Clinical Medicine was abolished after his death. He used to come down at 9 a.m. and deliver these lectures in the Operating Theatres. Patients were sometimes brought down from the Wards, or the lecture was on a case which had proved fatal, and then the diseased viscera were brought to the Theatre on plates. This was only twenty years ago, and yet Bacteriology was then almost a closed book. One can picture to oneself the faces of our present Surgical Staff if they happened nowadays to look into their Operating Theatres, and found a large crowd of Students fresh from the Wards, Out-Patient Departments, Post-mortem room, Fever Block, etc., listening with wrapped attention to a Physician who was illustrating his lecture with a goodly supply of specimens collected from previous post-mortem examinations ! These clinical lectures attracted crowds of students and some outsiders, although they were delivered as early as 9 a.m. We have all become much more luxurious now, for it was not very long before this that the hour for the full Staff to visit their wards was 8 a.m., and post-mortem examinations were performed at the same time.

Murchison was a man rather below the average height, somewhat heavily built, with a large head, a high and broad forehead, a thick nose, and a firm mouth. His eyes were dark and brilliant ; he had a fine head of hair, turning grey, and wore a beard and moustachios, both somewhat shaggy. His complexion was pale and rather sallow, and he stooped a little. He wore a frock coat, and a black tie, tied in a bow. His gait was slow and without much elasticity. His face had a grave and somewhat sad appearance, and when he smiled it appeared as if he did so with an effort. His handwriting was always the same—firm, clear, and rather reminding one of the copy-book. He was a man of the strongest character ; just, independent, and inclined to be dogged at times. His mind was methodical and orderly, and strictly logical. He was ready to do any good work that came naturally to him, if the conditions were such as appealed to him. At one period he rarely came to meetings of the Staff, because the Treasurer at that time was an autocratic person who was not much inclined to demur to the opinions expressed by others, and Murchison said he was not going to waste his time in discussing matters which the Treasurer arranged without reference to the opinions of his colleagues and

himself. He was not inclined to shield men who had in his opinion committed errors, and he sometimes expressed very decided views about them. I remember when I was Resident Assistant Physician giving a sub-cutaneous injection of morphia to a sleepless patient who had high fever. Hearing that I had ordered it, he spoke to me privately upon the subject and said he considered it a dangerous thing to do, and in order to impress me the more with his view, he told me that a certain practitioner connected with a Fever Hospital had given a sub-cutaneous injection to a case of Scarlet Fever and shortly afterwards the patient died. The patient's friends accused the doctor of killing him, and he came and asked Murchison, as a great authority on Fever, to shield him. Murchison told him he could not do so as he believed he had killed him. But in the ordinary business of life he was never harsh or unkind, though he was very reserved, and I think made friends of but few people.

Even amongst his own colleagues at St. Thomas's he was but little known, and I am not aware that any one of them could be called his friend. But those who knew him best said that behind this reserve was to be found a loving, tender, sympathetic nature, and a constant and devoted friend.

It is very difficult to obtain information as to his private life, so few seem to have been admitted to intimacy with him. One medical man who knew him well tells me that his quiet manner at home was most impressive; he would listen to a whole table of guests or of members of his own family while they chatted, and would rarely put in a remark of his own, but if he did so it was always of a kindly nature. The same informant tells me that after he was definitely shown to have Aortic Disease, he seemed to dwell upon it all day long, and all his strength of mind was insufficient to hide his gloom. In about six months, however, he managed to shake it off more or less, but he always went about with a large piece of thick paper pinned to the inside of his coat, so that if he fell dead in the street, as he expected to do, the first person who unbuttoned his coat would see written there, "I am Charles Murchison; take me back to 79, Wimpole Street." His servants remained for years in his service, and said they never heard him say an unkind word, and that he was never even hasty with them. But they used often to find him sitting at his consulting-room table with a vacant stare, and even with tears in his eyes, if they happened to disturb him when he was quite alone. His private patients used to speak, and still speak, in praise of his gentleness and his firmness.

In his holidays he loved to get to some quiet nook, especially in Scotland, and there indulge his love for trout-fishing, and being a

good botanist, geologist, and naturalist, he formed one of the best companions his children or friends could wish for. He appears to have been a deeply religious man, though in a very quiet and reserved way. He was a Protestant and frequented a church where the service was conducted on Low Church principles. He was, however, very tolerant of those whose opinions differed from his own. He always had family prayers at home, and he was strict in his observance of Sunday. I believe that in accordance with his previously expressed wishes the following epitaph was placed on his tombstone, "*Post mortem vita est.*"

In response to a request from me that he would tell me something about Murchison's private life, one who was once a distinguished member of our Surgical Staff, and is now rector of Beckenham, writes:—

"I knew Murchison very well. He was near the top of the Medical Staff when I was at the bottom of the Surgical at Middlesex, so we did not meet much there; but we were both invited to apply for Staff appointments at St. Thomas's at the same time (when the new buildings were nearly ready), and as I went to ask his advice about it, and found he was in the same uncertainty, that seemed to bring us together more. I stayed with him once at St. Andrew's, and he came up to live near me at Nairn, when I had been sent there for some months on account of my health. So there I naturally saw a good deal of him, and we were very fond of all the family. There were many delightful children, and Mrs. Murchison was a very shy but very charming person. Alas! I think nearly all have passed away now.

At home Murchison was a very affectionate husband and father and much loved by them all. He was—when in harness—too busy to see much of his family, but in Scotland they had him to themselves, and he entered into all their interests and amusements with unfailing cheerfulness. He was always quiet and reticent, and his knowledge of his fatal malady (about which, however, we hardly ever spoke together) may have somewhat deepened his natural Scotch seriousness. At the time of which I write, Farrar's "*Life of Christ*" had lately come out, and I remember seeing it on his dressing table, and his speaking of it with great interest: but we seldom discussed religious matters. He did not understand my action in giving up my appointments to read for holy orders, and was a little impatient of discussing it on the one occasion on which we talked it over seriously: but he was never scornful about such subjects. He worked very steadily and read a good deal, and took a very high line in all that had to do with professional ethics, and was a singularly pleasant companion in a country walk, &c., without being (I should say) particularly bright

or communicative. As a teacher—specially by the bed-side—he was extremely good, practical, painstaking, and reminded me much of Jenner (though, of course, I saw very little of him in this capacity, as I never met him till I was appointed on the staff at Middlesex). He was very fond of the country and used to fish, but not shoot, so far as I remember. He liked Nairn immensely, and wanted me to buy some land there and build a house near the sea, so that both families might go there always for the summer holidays. He even chose the plot of ground for his own house, and made enquiries about the buildings, &c., but I thought it too far off (600 miles) and the journey too costly for us, and he gave up the project. I think he had few intimate friends, but everyone who knew him had a great respect for him."

When one calls to mind the fact that Murchison died when he was only forty-nine years of age, that he did so much hospital work, and that he had a good practice, one is astonished with the amount of his published work. He was no specialist, but well versed in all diseases, upon which he wrote no less than three hundred and eleven papers. These are on a great variety of subjects, and published in various periodicals. He had a very strong leaning towards Pathology, which supplied that accurate information which a mind like his demanded. His Papers in the transactions of the Pathological Society are, as might be expected, very numerous. They amount in all—Papers and Reports together—to one hundred and forty three. He contributed a variety of Papers on Clinical and Pathological subjects to the Edinburgh Medical Journal about 1852. He wrote upon the Climate and Diseases of Burmah, on "Chaulmoogra Odorata as a Cure for Epilepsy," on "the discovery of Leuchaemia by Virchow," on "The Classification and Nomenclature of Continued Fevers." He translated from the German original the second vol. of Frerich's "Clinical Study of Liver-Diseases," and edited in English, the Atlas to Frerich's "Diseases of the Liver": he wrote a very valuable series of Annual Reports of the London Fever Hospital: he edited the Geological and Palæontological MSS. of his friend, Dr. Falconer, after the latter's death: he wrote Reports on the Cattle Plague: he was a Member of a Committee appointed by the Secretary of State for War to consider the organisation of Hospitals: he made communications in the St. Thomas's Hospital Reports on the incubation period of Typhus, Relapsing Fever, and Enteric Fever. Indeed it would be a very difficult task to enumerate all the contributions which he made to the literature of his time, but the examples I have given are sufficient to show what a wide field they covered.

With one subject his name will ever remain connected in the

history of medicine; for his "Treatise on the Continued Fevers of Great Britain" is a truly monumental work, probably the greatest work on this subject which has ever appeared in this country. It had, and still has, a world-wide reputation, and it has been translated into several foreign languages. The amount of knowledge, experience, and literary research which it displays is almost appalling, and the clearness and logical power which are exhibited in it are worthy of the highest admiration. So rapid, however, has been the advance in knowledge since 1862, when it was published, that, while his description of Typhus, Enteric, and Relapsing Fever may still be accepted as models of accuracy from the clinical standpoint, there is much in the scientific theories therein expressed which cannot now be accepted. That this is so is mainly due to the development of Bacteriology since Murchison's time. There was then but little known on the subject, and Murchison was one of those who argued warmly against the idea that bacteria played a prominent part in the etiology of these diseases. He looked upon Enteric Fever, for example, as "Pythogenic Fever," that is, as having its origin in putrifying animal matter, as the following dictum quoted from his work shews:—"An outbreak of Enteric Fever implies poisoning of air, drinking water, or other ingesta with decomposing excrement." Had he lived on, however, and been, as he might well have been, still living, there is no one, I believe, who would have accepted with greater delight the later developments of knowledge which have shown his theory to be incorrect. He published another work of great excellence, viz., "Clinical Lectures on Diseases of the Liver, Jaundice, and Abdominal Dropsy," in which again are displayed that wide knowledge and experience, that careful and skilled observation, that logical power, and that lucid description which were characteristic of this great physician. If anyone wishes to know how cases should be recorded, let him read the illustrative cases which Murchison gives in this work, or, indeed, those which he has published in any of his writings, for they are all models of what such records ought to be.

When one considers the width and depth of Murchison's knowledge, his keenness in the pursuit of fresh facts, his capability for painstaking, accurate, and skilful investigation, his love of truth, his logical and powerful mind, his enthusiasm for his profession and all that belonged to it, one can hardly fail to appreciate what the world lost by his early death, and that not only because of the additions he would probably have made to our knowledge of disease, but because of the far greater number of medical men whom he would have sent into the world solidly equipped with the best methods to be employed in the diagnosis and treatment of disease, men who would have become infected by his never-failing earnest-

ness in the pursuit of knowledge and in the battle with every form of sickness and suffering. What a loss, too, to our hospital and school was the death of such a man at the age of forty-nine! What benefits would his experience and teaching have conferred upon patients and students alike, had he lived to complete the ten years of service as Physician which were still before him at the time of his decease! The only consolation which remains for us is that we can pride ourselves on having had him even for so short a period on our staff, and that his name will be for ever handed down as that of one of the most distinguished and honoured men upon the long rôle of brilliant physicians and teachers of whom St. Thomas's can justly boast.

The Teaching University for London.

ON looking through the pages of ST. THOMAS'S HOSPITAL GAZETTE one is surprised to see how many articles have been written on this subject, and through what a number of years they go back. They were all practically valueless even at the day on which they were written, and only expressed the pious opinion of their authors as to what would happen when the new University came into being. The present writer is not in the least hopeful that this article will be of any more real value than those which have gone before; but knowing that readers welcome the merest fairy tale on this topic, the following collection of facts, hearsay, and surmises have been strung together.

In the first place there seems very little likelihood of the Statutory Commission completing its work this year, in fact, there appears to be every probability of its asking for and obtaining another year for its sittings, so that there is not much chance of anyone who is at present a student being greatly affected by its deliberations. The present examining board which is called the University of London has been offered, and has accepted, a large part of that other unfortunate—the Imperial Institute. To these bodies some or all of the Medical Schools and other teaching institutions are to be added, and in this way the rough outlines of a University will be formed, the details of which can be filled in as the local needs are felt. The Commission wishes the schools to concentrate in those subjects where they are weak, for though every school is more or less well equipped for teaching clinical work, the comparatively small number of students who enter for the preliminary subjects, such as Chemistry, Physics, and Biology, makes it very difficult to provide suitable teaching for these at eleven different centres. There is not very much doubt that these three subjects will be concentrated in some way and that way will most

likely be by their removal to Kensington. Possibly all the Hospitals may not join this scheme at first, but the chances are that one after another will drop in as the want of more space for clinical and pathological laboratories is felt, and as the fact is appreciated that it costs very little more to educate thirty men than thirteen.

The preliminary subjects then will probably be centralised, and the student of the future will pass his first year at Kensington where he will rub shoulders with men who are proposing to take up branches of science other than medicine, and where he will have the advantage of being brought into contact with many teachers instead of with one or two in each subject, as at present. Then comes a much more difficult question, and one which is at present exercising the minds of all who are responsible for the organisation of our Medical Schools.

One is inclined to think that the Commission would like to see concentration in the early medical studies as well as in the preliminary ones, and this view seems to have appealed rather strongly to the greater number of the Physiologists. Modern Physiology is a subject which requires elaborate and expensive apparatus, and it seems absurd that eleven separate schools should be required to purchase this when in many cases a single set would meet the requirements of all the students in London. There are other reasons which make it evident that Physiology should be treated in the same way as Physics, Chemistry, and Biology. Here, however, comes in a practical difficulty. Anatomy and Physiology are so closely connected that where the one is taught the other must necessarily be learned, and the question of the advisability of separating the Dissecting Rooms from the Hospitals, and of concentrating them in Kensington or elsewhere, is a very difficult one. Anatomy, although it is so closely connected with Physiology, is just as closely connected with Surgery, besides which most old students will admit that the Dissecting Room is the centre of a Medical School, and is frequented by men in all stages of their curriculum as well as by qualified officers of the Hospital. Meetings of Anatomists, Physiologists, and Pharmacologists have been held at which many speeches have been made but practically nothing done beyond demonstrating the absolute want of unanimity among teachers. The few propositions that were put to these meetings were carried by majorities so small as to be practically valueless.

At the same time the meetings have attained a definite end; they have furnished all the arguments for and against concentration of the early medical studies, viz. Anatomy, Physiology and Pharmacology, they have shown the Commission that it must look for

little in the way of a lead from the London teachers, and that whatever line of action it takes will certainly cure the opposition of a fair proportion of those teachers. Apparently the time is not yet ripe for Anatomy to leave its original homes, and upon the whole it would seem wiser to watch the effect of the concentration of the earlier subjects, even though it may be many years before the opportunity which now presents itself for a more comprehensive scheme may occur again.

To force Anatomy into a central institute just now seems to us like picking apples which are not ripe, because one happens to have the materials to make a magnificent crust for an apple pie.

Athletic Sports.

THE Annual Athletic Sports were held this year on Wednesday, the June 21st, on our own ground at Chiswick. This was quite an innovation, as hitherto they had been held at Richmond or on the L.A.C. ground at Stamford Bridge. The wisdom shown at the General Meeting of the Athletic Club in unanimously deciding to change the "venue" of the Sports was clearly shown by the marked increase in the number of spectators, though this number (about 150) falls very far short of what it might be, and what, no doubt, it will be in future now that the capabilities and beauty of the ground are better known. Holding the sports on a new ground entailed a considerable extra amount of labour on the Secretaries, Messrs. S. Pern and H. G. Pinches, but they were quite equal to the occasion, and had provided everything that was necessary, even to that very important but difficult to arrange for item, a fine day.

Dr. Acland kindly acted as President, but owing to a previous engagement Mrs. Acland was unable to be present, and Mrs. Tate kindly gave away the prizes. Mr. J. G. Turner acted as referee, and Mr. Robinson and Mr. Saunders officiated as judges, Mr. H. C. Thorp as starter, and Mr. T. A. King as time-keeper. The following gentlemen formed the Committee:—Messrs. Bateman, Birt, Cunningham, Downes, Hanbury, King, S. Pern, and Pinches. The handicappers had done their work well, as many of the finishes were very close. The ground being nearly nine acres in extent, a very good course of four laps to the mile was able to be laid out without interfering with the cricket pitch or tennis courts. The turf, thanks to the care of the ground man Hayward, was in admirable condition.

The programme consisted of sixteen items, and the events were the same as last year, with the exception of the strangers' race, which was omitted.

The 100 yards' handicap was run in three heats; the final was won by W. C. A. Ward with four yards start, in $10\frac{1}{4}$ secs., T. A. King, ten yards start, being a good second.

The high jump produced five competitors. S. Pern won easily at 5 feet 4 inches, S. Carter, 5 feet 1 inch, second.

220 yards handicap won by F. W. W. Smith with eighteen yards start in $22\frac{3}{4}$ secs., closely followed by S. Carter with fourteen yards start. Five ran.

Putting the weight, A. E. Martin beat the six other competitors with 36 feet $4\frac{1}{2}$ inches; R. J. C. Thompson, second, being just two feet behind.

100 yards scratch; five started for this event, which was won by W. C. A. Ward in $10\frac{3}{4}$ secs., S. Pern being within $1\frac{1}{4}$ yards of the winner.

Half-mile handicap, won by C. L. Hawkins in 2 mins. $4\frac{1}{2}$ secs; T. W. H. Downes was a good second; both had seventy yards start.

Throwing the cricket ball, A. E. Martin, with a throw of 87 yards 2 feet 1 inch, beat H. G. Pinches by a yard.

120 yards hurdle, run in two heats, was won by S. Carter in $18\frac{1}{2}$ secs, E. W. Browne only just beating R. Raby for second place.

Broad jump; out of the large "field" for this event only four competed. S. Pern jumped 18 feet $10\frac{1}{2}$ inches, beating G. F. Cunningham by sixteen inches.

Quarter-mile handicap, won by H. A. West, five yards start, in $52\frac{3}{4}$ secs; H. G. Pinches, twenty yards start, second; T. W. H. Downes, forty yards, a good third.

Two miles bicycle handicap; there were only three competitors, Messrs. C. J. Battle and C. A. R. Nitch, scratch, and H. D. Cochran, 300 yards start. The two scratch men kept close together until just at the finish, when Battle came away with a few yards lead, winning in 5 min. $39\frac{1}{4}$ secs.

The sack race, as usual, caused much amusement. A. D. Jameson won easily.

Kicking the football, H. C. Thorp first, R. H. Bridges second.

One mile handicap for a Challenge Cup presented by Mr. Sydney Jones; six started. A. C. Birt, with twenty yards start, won easily in 4 min. 43 secs., J. L. Gilks, eighty yards, being a good second. G. F. Cunningham, the holder for the last four years, did not start.

At the conclusion of the sports, Mrs. Tate graciously presented the prizes to the winners, and Dr. Acland, in a few well-chosen words, congratulated the Honorary Secretaries on the success of the meeting, and expressed a desire to present a prize to be competed for at next year's sports. The London Victoria Military Band played an excellent selection of music during the afternoon.

Some Old St. Thomas's men have generously offered to present a Challenge Cup to be competed for at the 1900 sports. The winner of the Cup will be decided by points on seven scratch events, but further particulars will be published some time before next year's meeting.

The New City of London Ward.

A FEW notes on the City of London Ward may be of interest to those who have not been able to inspect it. The ward contains twenty-two beds—twenty in the large ward, and one bed in each of the small isolation wards.

The ward passage, the two small wards, and the kitchen have Terrazzo flooring, the angle between the floor and the walls being rounded off in the floor material. The Sister's sitting room is floored in teak laid on coke breeze, and the floor angle is rounded off in teak. The small wards are situated to the right and left of the ward passage, and the Sister's room and kitchen intervene between them and the general ward. The ward is floored with teak laid on joists, and the angle between the floor and the wall is filled in with a fillet of teak, so cut out that it flows off into the wall above and the floor below, preventing any bumping of the beds against the walls. The beds have spring mattresses of the link pattern which are stretched about an inch above the frame of the bed to allow of the introduction of fracture boards. The bottom of the bed has a low rail that prevents the horsehair mattress from slipping, but is not high enough to get in the way of the extensions. The head of the bed is removable, so that anæsthetics can be given in comfort and counter-extension easily made when required. The castors are large, and have rubber tyres, thus enabling the beds to be moved to the operating theatre without noise or damage to the floor.

The ward is heated by two Teale-front hob grates of white glazed brick. The backs of the stoves are hollow, and communicate below with air conduits from the exterior, while above the air gains an entrance to the ward after passing through a canvas and cotton-wool screen. There are also two sets of radiators in the place of the old gilled water coils. These are formed of three leaves, and the external ones being on trunnion joints can be opened out for cleaning purposes. Beneath the radiators are pits of glazed earthenware into which open the air shafts from the exterior of the ward, the air being again strained before it enters the ward. The tops are covered with slabs of black marble and on the one further from the door is arranged the sterilising plant of the ward, consisting of the ordinary oblong steriliser and cooling tray, hot-water boiler, and flasks for boiling normal saline; everything is arranged for gas and electric heating.

In the centre of the ward is fixed a white glazed sink which is furnished with a tap for hand washing, and also two Berkfeld filters for hot and cold water.

The furniture of the ward is made of teak, and with the exception of two tables, everything is fitted with rubber castors to facilitate sweeping and dusting. Nothing has been fixed to the walls, and these have been left, as far as possible, without any projecting ledges.

The old bath room has been fitted up as an operating-room in which small accidents can be attended to, and fractures put up. The floor here is also of Terrazzo cement with the angles rounded out. The bath has been left in, and will be used for medicinal purposes only, such as the treatment of burns. It stands clear of the floor, and is made of enamelled iron, and has, of course, no wooden fixings. There are two white glazed sinks, a small one for the filter and a large one for washing purposes fitted with three double taps, one pedal-acting, one plain, and one fitted with a rose, which can be turned on when an operation is about to commence and left running, so obviating any soiling of the taps or fingers. This, it is believed, is a better arrangement than even pedal action. These sinks are four inches clear of the wall, thus doing away with angles and allowing the supply pipes to be easy of access and clear of the wall. All the sinks and the bath open into an open channel on the floor. There are marble slabs for plaster mixing and for the sterilizing plant, which latter is the same as in the ward, except that the sterilizer is of large size, so that hand basins, porringers, and receivers can be boiled. There are also glass and iron tables and a glass and iron cabinet, with an air strain, for the instruments. In the operating room there is a transformer and plugs for the use of electricity for heating purposes.

On the opposite side of the ward is the lavatory, in which is fitted another bath. There is one water closet, bed pan sink, and ordinary white porcelain sink. The floor is the same as in the bath room. The partitions are kept six inches clear of the floor and are about seven feet high, thus allowing of a good circulation of air.

The entire ward is lighted with electric light. There is a shaded light over each bed, while the general lighting is effected by bracket lights on the pillars and end walls of the ward, and by rise-and-fall lights over nurses' and doctors' table, sink, and sterilizer slabs, as well as in the small wards and operating room. Plugs are also fitted in the walls so that focus lights can be used for examining eyes and throats.

On the opposite side of the main corridor is the store room for the ward linen and dressings.

Hospital News.

EVERYONE at St. Thomas's will be glad to hear that Sir William MacCormac has been elected President of the Royal College of Surgeons for the third year in succession.

Professor T. Clifford Allbutt will distribute the prizes on October 3rd. The Annual Dinner will take place the same evening at the Whitehall Rooms, Hotel Metropole, when the chair will be taken by Dr. Sharkey.

In addition to the changes mentioned in the last GAZETTE the following are to be noticed :—Mr. Robinson has been appointed Lecturer on Anatomy with Mr. Parsons; Dr. Colman succeeds Dr. Turney as Lecturer on Forensic Medicine, and will also deliver in the winter session a series of lectures on the diseases of children; Dr. Cullingworth will lecture only on Gynæcology, Dr. Tate undertaking the Midwifery.

Mr. C. J. Seligmann, who has just returned from an ethnological expedition to Borneo and New Guinea, has been recommended for the Research Fellowship of the Salters' Company. He succeeds Dr. W. E. Dixon.

Of late years there has been a marked falling off in the number of students sitting for the third year Sessional Examination. This has now been abolished. There will however be an examination held in the fifth year, and the subjects will be Medicine, Surgery, Gynæcology, Pathology, Pharmacology, Forensic Medicine, and Public Health. Three subjects at least must be taken, one of which must be either medicine or surgery. We think this is an excellent innovation, for hitherto men have been compelled to read medicine and surgery for the third year sessional much more widely than their practical knowledge warranted, in fact to the very great detriment of their ward and out-patient work. It is a lamentable sight to see men reading in the library when they should be in the wards, out-patients' or post-mortem room; there will be no need for this now that the examination has been abolished. We hope the new examination will be held early in the fifth year so as not to interfere with the Final College. In appointing House Officers, considerable importance will be attached to the position obtained at this examination.

A Meeting of the Council of the Amalgamated Clubs was held on July 7th, and the following members elected :—Appointed by the Medical School—Messrs. Clutton, Lawford, Pitts, Makins, Rendle,

Saunders; by the Students' Club—Mr. Bateman; by the Medical and Physical Society—Mr. Eve; by the GAZETTE—Mr. Beale; by the Athletic Clubs—Messrs. Downes, King, Thorp.

In the Competition against the Honourable Artillery Company, held at Ilford on June 13th, Carpmael and Weeks shooting for the United Hospitals Rifle Association made 92 and 63 respectively at the three ranges. The United Hospitals lost by 65 points, their score for 6 men being 476.

An important change has been made in the regulations for the Second Conjoint Examination. Hitherto students have been allowed to present themselves six months after passing Biology and Chemistry of the First Conjoint Examination. This period has now been extended to one year; the effect of this will be that in the majority of cases the Second Examination will not be taken until the second summer session instead of at the end of the second winter, and further that if a student be referred in his first examination he will not be able to save time at his second owing to the twelve month minimum. Hence the greater importance now of passing the Chemistry and Biology as early as possible.

Owing to the amount of work devolving upon the Clinical Laboratory, Mr. H. D. Singer has been appointed Assistant to the Superintendent.

The "Nightingale At-Home," with which annual function Mr. and Mrs. Bonham-Carter are so intimately associated, was held on Saturday, July 1st, and was as usual a great success.

The article on a Teaching University for London will be of interest in the present juncture. While we think the concentration in the University of both Anatomy and Physiology a consummation ardently to be desired, the difficulties in the way of such a scheme, and the diversity of opinions on the subject, as shadowed in the article, are very great. Everyone is agreed as to the advisability of the preliminary subjects being taught away from the hospitals and it is only when the question of Anatomy and Physiology is considered that a thousand and one difficulties crop up. Into these space prevents us from entering, and we can only express the hope that means may be found to solve these difficulties in a satisfactory manner.

In the Lawn Tennis Inter-hospital Cup Ties we were successful in the first round, which was played at Chiswick Park Club ground on June 20th, defeating University College Hospital by eight

matches to one. In the second round on the following day we were not so fortunate, being defeated by the London Hospital by eight matches to *nil*.

Hearty congratulations to the Rifle Team on bringing back the Cup after its short sojourn of one year at Guy's. We offer it a hearty welcome and trust it has come to stay. Our score was 387, St. Bartholomew's coming second with 379, and Guy's third with 344. Carpmael made 68, Vaughan 67, Marshall 66, Weekes 66, Upcott 61, Beale 59.

Miss Stirling, who has been acting temporarily as Theatre Sister since Miss Froude's departure to Beatrice, has now been officially appointed to the post.

Swimming — Water Polo.

JUNIOR SURREY CUP.

v. GUY'S HOSPITAL.

This match was held on June 20th, and resulted in a win for Guy's by 2 goals to 1. We pressed hard, but were unable to score in the first half. During the second half Miller scored for us, and Guy's managed to put in two long shots. We were unfortunate in being without Graham.

Team:—Thompson, Marshall, Gilks, Stannus, Miller, Child, Kiddle.

S.C.W.P. JUNIOR CUP MATCHES.

v. CROYDON.

This match was held at Lambeth Baths on June 28th, the Hospital winning by 6 goals to 2. For once in a way we had our full team.

At the start Croydon got the ball, and scored right off. We then held them well, and by half time had two goals put to our account by Child and Miller. After half-time Croydon again scored immediately, but our men improved, and goals from Stannus (1) and Miller (3) brought our score to 6. Miller was strong at dribbling, and safely placed goals in the corners of the goal net, but we should like to see some harder shots. Child and Graham at half-back were conspicuous for their hard work.

Team:—Miller, Child (captain), Stannus, J. C. W. Graham, Cochrane, Gilks, Thompson.

v. CROYDON DOLPHIN.

Unfortunately three of our men were unable to be present, and we had to find substitutes at the last moment. The match was lost by 4 goals to 2.

Team :—Evans, Cochrane, Cunningham, Kiddle, Stannus, Child, Miller.

St. Thomas's Medical Missionary Association.

A MEETING for the purpose of reviving the St. Thomas's Medical Missionary Association was held in the Chaplain's Room on June 30th, at 4.30 p.m., with J. Croft, Esq., F.R.C.S., in the chair. It was resolved that the Association should re-commence the work it has undertaken to do. There are two beds, one at Jerusalem and one at Quetta, which look to St. Thomas's Hospital for maintenance; but no help has been sent for some time past, either to these places or to any St. Thomas's men engaged in the work of Medical Missions. Mr. J. Croft was elected President of the Association, and J. G. Wainwright, Esq., Dr. Cullingworth, Dr. Acland, Dr. Harford-Battersby, Dr. Herbert Lankester, and Miss Gordon, Vice-Presidents. The Hospitaller was offered the post of Treasurer, and the Assistant Hospitaller and J. E. Adams, Esq. were appointed Hon. Secretaries. A Committee, with power to add to their number, was formed, consisting of Messrs. G. S. Saunders, T. Jays, and T. Chater, Miss Haig-Brown, and Miss Bayliss. It is hoped that St. Thomas's men will support the Association, which has done useful work in the past; a subscription of half-a-crown admits to membership of the Association.

Books for Review.

MANUAL OF SURGICAL TREATMENT. (In 6 parts.) Part I. Cheyne and Burghard. (Longmans, Green & Co.) Price 10/6.

Although called a manual of treatment the work also describes symptoms and pathology in so far as they are necessary for the proper understanding of treatment. The book is well and clearly written and the various methods of treatment are succinctly laid before the reader. The volume will well repay perusal, and be found of great use not only to the student but also to the practitioner. It does not profess to be a text-book of treatment, but only deals with those methods that have been found of use to the writers,

Turning to the treatment of wounds one finds that antiseptic surgery is championed, and but scant courtesy is extended to its aseptic rival.

All sterilisation of instruments, hands and silk is to be done with carbolic acid, but even while praising this agent there seems to be some doubt in the minds of the writers as to whether it is to be always relied on, as they say that instruments should be boiled if they have been used for a dirty case. Sterilisation by heat is put in the second place, though the authors admit that it is efficient "where it can be done." The question naturally arises—where can it not be done? Boiling water can be obtained more easily than carbolic acid, and by its means instruments, dressings and silk can be made clean. If instruments have to be boiled after a septic case why not boil them for all cases.

With regard to the length of time that is required according to the writers for the disinfection of hands and instruments:—

Disinfection of Hands with soap, turpentine, and carbolic acid—10 minutes.

Ditto, Instruments—30 minutes or more in carbolic (1-20).

Ditto, Silk—24 to 48 hours in carbolic (1-20).

Under the last heading it is stated that from 24 to 48 hours in carbolic is necessary for the destruction of pathogenic bacteria provided that the carbolic is in contact with the organism. If this is true then the instruments should be in the carbolic for the same time, and the application of carbolic to the hands for the time that comes out of the total ten minutes cannot be very effective. How in a long series of operations taking place in a hospital can instruments be sterilised by any other means except heat? We cannot endorse the statement that aseptic surgery is a "cumbersome and troublesome method." Does not antiseptic surgery depend more on simple cleanliness than on chemicals?

No mention is made of sterilised overalls, and the surgeon is advised to roll up his sleeves above the elbow and wear a mackintosh apron, but as this may come in contact with the instruments or field of operation a further precaution of pinning a carbolized towel over the chest and abdomen is recommended.

Of course irrigation of wounds with carbolic or mercury is advised. Lacerated wounds are to be scrubbed with a nail brush and carbolic to get the dirt out. Surely this procedure is just as likely to rub the dirt into the tissues as to rub it out. The better method is to cut away the dirty tissue and trust to the mechanical effect of flushing to carry away any loose particles.

We believe that antiseptic technique will give way to aseptic technique, not because of the irritating effects of the chemicals on

wounds but because it will be recognised that the surgical applications of chemicals as germicides to wounds is well-nigh useless.

While recognising the great merits of the book in other ways, we hope that the articles on surgical technique will not be taken by those that read them as representing the opinions of English Surgeons in general but only as that of a particular school in London.

MATERIA MEDICA, PHARMACY, PHARMACOLOGY AND THERAPEUTICS.

By W. Hale White, M.D., F.R.C.P. Foolscape 8vo. Price 7/6. (Churchill & Co.)

The fourth edition of this manual is before us. It appears to have been brought thoroughly up to date and is in every way admirable from the point of view of the ordinary student for whom it is intended. The amount of condensed and useful knowledge contained in the first 110 pages, under the headings of "Definitions," "Pharmacy," and "Pharmacology and Therapeutics" is surprising. In the latter part of the book, which deals with *Materia Medica*, we notice that the Organic *Materia Medica* is classified in accordance with the therapeutic action of drugs rather than according to Natural Orders, the latter classification following later in the form of an appendix. There is much to be said from a clinical point of view, in favour of the method of arrangement adopted. The therapeutic action of the various substances is clearly set forth, although of course the condensation necessary in a book of this size leads to some somewhat dogmatic and abbreviated statements on disputed points.

The book is of a particularly handy size, and the printing is excellent.

EXAMINATION QUESTIONS IN PRACTICE OF MEDICINE, WITH ANSWERS. Catechism Series. Part III., Fevers. By "Utile Quod Facias." Pp. 56. (Messrs. E. and S. Livingstone, Edinburgh.) Price 1/- net.

This volume is another addition to the already long series of short catechisms and aids, and is intended for those preparing for the final examinations. The information contained has been well selected, and though necessarily very scanty might possibly prove of assistance immediately before an examination. Notes taken by the student himself would of course be much more useful and would, moreover, possess a permanent value, as they represent the result of a process of selective judgment on the part of the student. Works of this character cannot be recommended, as there is always the danger that men may endeavour to substitute them in the place of the regular text-books.

Examination News.

UNIVERSITY OF OXFORD.

First M.B.—T. B. Henderson.

Final M.B.—W. J. Galt.

UNIVERSITY OF CAMBRIDGE.

Second Examination.

Part II.—H. C. Brown, F. E. Shipway, W. H. E. Stewart, H. C. Williams.

CONJOINT BOARD, JULY, 1899.

Second Examination.

R. J. Archibald, G. H. Boyden, O. Mills, E. D. Parsons, C. G. Seymour
H. Wheelwright, C. Wheen.

House Appointments.

The following gentlemen have been selected as House Officers from Tuesday, 5th September, 1899:—

House Physicians—

E. H. Ross, L.R.C.P., M.R.C.S. (extension); J. Gaff, L.R.C.P., M.R.C.S.;
A. Bevan, L.R.C.P., M.R.C.S.; H. C. Thorp, M.A., M.B., B.C. Camb.,
(extension).

Assistant House Physicians—

F. H. Ellis, B.A., M.B., B.C., Cantab.; B. F. Howlett, L.R.C.P., M.R.C.S.

House Surgeons—

H. J. Phillips, L.R.C.P., M.R.C.S.; P. W. G. Sargent, M.A., M.B., B.C. Camb.,
L.R.C.P., M.R.C.S.; S. A. Lucas, L.R.C.P., M.R.C.S.; H. T. D. Acland,
L.R.C.P., M.R.C.S.

Assistant House Surgeons—

A. W. Jones, L.R.C.P., M.R.C.S.; E. A. Gates, L.R.C.P., M.R.C.S., E. C.
Bourdas, L.R.C.P., M.R.C.S.; N. Unsworth, L.R.C.P., M.R.C.S.

Obstetric House Physicians—

Senior—H. M. Scaping, B.A. Camb., L.R.C.P., M.R.C.S.

Junior—A. E. Stevens, M.B. Durham, L.R.C.P., M.R.C.S.

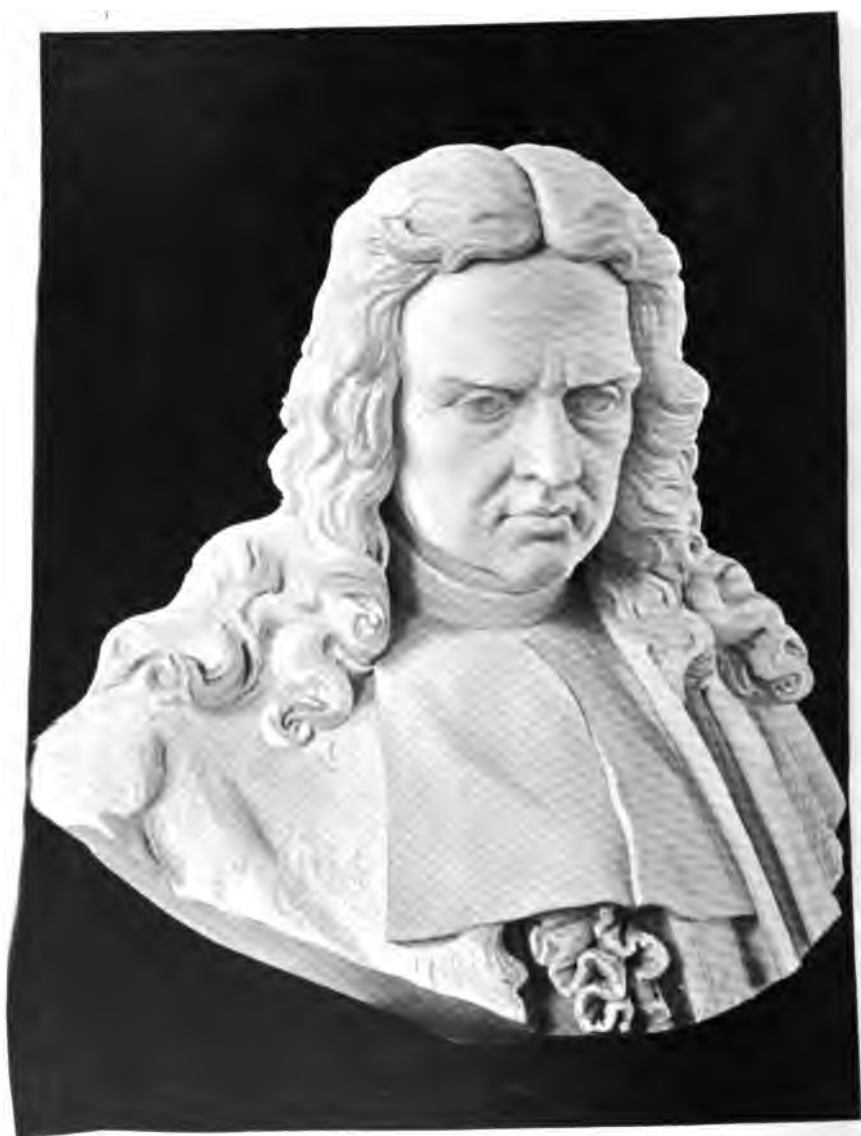
Ophthalmic House Surgeons—

Senior—T. Hoban, L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Departments for Diseases of the

Throat—L. H. Lindley, M.B., B.Ch. Oxon. (extension); G. B. Thwaites, L.R.C.P.,
M.R.C.S.

Skin—H. R. Beale, L.R.C.P., M.R.C.S. (extension); T. Perrin, L.R.C.P., M.R.C.S.



MORGAGNI.

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Morgagni.*

By J. F. PAYNE, M.D.

JOHN BAPTIST MORGAGNI was born at Forli, February 25th, 1682, seven years before the death of Sydenham. He was a precocious scholar, and began the study of medicine in Bologna at the age of fifteen. Here he was the assistant as well as the pupil of the celebrated Valsalva, a name well known in anatomy, and while still an undergraduate took the professor's place with much success, during his occasional absence. He afterwards studied and finally graduated in 1701 at Padua. This university was the scene of his untiring and fruitful activity in science, and here he spent the greater part of his long life. When only 24 he published a work which at once gave him an important position among anatomists—namely, the first part of his *Adversaria Anatomica*. Five years later he was appointed Professor of Medicine, and in 1715, at the age of 33, he was placed in the world-renowned Chair of Anatomy in the University of Padua. In all this we recognise great precocity, but Morgagni had other gifts of nature not always found in the same individual, endurance and longevity, the latter being one—as it turned out in his case—of no small importance. We must, however, pause for a moment to consider what it meant to be Professor of Anatomy at Padua. That great school in a small city was for more than a hundred years the centre of anatomical teaching in Europe. It was there that the illustrious northern teacher Vesalius, enjoying the hospitality and cordial admiration of the Italians, revolutionised the science of anatomy. Out of his teaching modern anatomy arose, and his work was worthily carried on by his eminent successors Colombo and Fallopio. How many of the greatest European anatomists were educated in Padua is well known. Our own Harvey, the most memorable of all medical students of that school, received there under Fabricius the training which enabled him to make his immortal discoveries. A long line of eminent professors sustained the traditions of the anatomical school at Padua; and the munificent patronage of the Venetian Senate (under whose political rule the city lay) supplied it with ample material resources, including that beautiful amphitheatre built for Fabricius which is to this day a marvel of interest to the medical traveller.

*We are much indebted to the Editor of the *British Medical Journal* for the loan of the block of Morgagni and for permission to reprint Dr. Payne's address, which appeared in the *B.M.J.* of October 7th.

It was, therefore, no small honour that was conferred upon the young Morgagni when he was chosen to continue this unexampled succession of great anatomists. Nor did he fall short of his responsibilities. True, it was no longer possible to be a Vesalius or a Colombo—the science of anatomy was too far advanced to permit of startling discoveries, and the scientific impulse which radiated from Padua had led to the foundation in all European countries of well-equipped and flourishing schools of anatomy. But what Morgagni did he did thoroughly; and his purely anatomical works, containing numerous discoveries of detail, would have sufficed to give him enduring fame, even if he had never produced the great work by which he will be for ever illustrious. For more than fifty years Morgagni occupied the chair of Anatomy, being at the same time an active practising physician. His reputation steadily increased, and when he had reached only middle life had become European. Our own Royal Society of London was the first of the greater academies of Europe to recognise his eminence by electing him in 1724 one of its Fellows; and other distinguished societies honoured both him and themselves in the same manner. He received special marks of distinction from three successive Popes and from more than one crowned head; while cultivated foreigners who visited Italy never failed to seek his acquaintance and give him proofs of their esteem. Among his pupils were the foremost anatomists and surgeons of Italy, of whom it may be sufficient to mention the great Scarpa. It was not merely Morgagni's anatomical researches and teaching which procured him this universal tribute of praise. He was a man of varied learning and accomplishments; he had found time to discuss the medical classics, and even points of classical history not medical; to edit the works and perpetuate the fame of his predecessor Gulielmini and his master Valsalva; and to produce other works which would take too long to mention. Besides these things it was also his noble and attractive character which conciliated universal respect and affection. Now all these labours and honours might seem enough for one man. Morgagni as he approached old age might reasonably have felt that he had done a good life's work, and reached the pinnacle of his fame. But the extraordinary fact about his career is this: that the most notable part of his story remains to be told.

His most important labours were unknown to those who had showered honours upon him. He had not yet admitted the world to see any part of that great monument which he had silently built up in many years of unremitting industry, and which chiefly was destined to preserve his memory. The great work which constitutes the real monument of Morgagni, entitled *De sedibus et causis morborum per Anatomen indagatis* ("On the seats and causes of

diseases as investigated by Anatomy") was not published till 1761, when the author was in his 80th year. It is, I suppose, a fact unparalleled in the history of science that the *magnum opus* of any philosopher should appear so late in his life. We must not suppose, however, that this was the work of his old age. The observations upon which it was founded had been accumulated during the whole of his professional life, some going back even to the year 1708 before he was Professor, while the latest is dated 1760. Moreover, the mere compilation of these records must have been the work of years. But no part appears to have been published previously. With a patience and reticence rare at all times, and especially astonishing to us in these days, when early publication and priority are such important questions, he allowed his material to collect for fifty years before he gave the results to the world. For ten years longer Morgagni was permitted to enjoy the satisfaction of work well accomplished, and the increase of his already high reputation. He died in 1771, in his 90th year. At that time, to give another landmark in the history of medicine, John Hunter, our greatest British pathologist, was 48, and his nephew, Matthew Baillie, more distinctly a worker in the same line as Morgagni, was a boy of 10. Morgagni's life must be pronounced an eminently happy one, if, as the Greek philosopher laid down, happiness consists in the continued activity of the soul in accordance with the laws of virtue. No better account of it could be given. Nor did he lack that other condition which Aristotle thought indispensable to happiness, that life should be long or complete; and it is fortunate that it was so. A lifetime which spanned the whole interval between Sydenham and Baillie was prolonged beyond ordinary limits. Yet had it reached only the three score years and ten assigned by the Psalmist, Morgagni's career would have lacked its highest distinction. Not only to himself, but to science, was it a great gain that Nature had moulded his frame of such enduring stuff.

And now, it may be expected that a few words should be said to shew why the effigy of this great man finds its appropriate place in a pathological museum, and to recognise the special significance of this gift as coming from our Italian medical brethren. First, Morgagni's fame chiefly rests on his work in pathology, or more strictly morbid anatomy, as recorded in his great work of which I have spoken. It is a book which can only be described by the somewhat clumsy epithet "epoch making." It established once and for ever the position of morbid anatomy as a distinct science, and has been the model which all succeeding workers in the same field have imitated. It would not be correct to say that it was quite the first of its kind. Its plan had been anticipated by the

great though very unequal work of Bonetus, the *Sepulchretum*, and even before his time observations in morbid anatomy had been made by numerous workers in Italy and other countries. Indeed, in our own St. Thomas's Hospital, about the time Morgagni was born, such observations were made, and have been brought to light, though they cannot be said to be of much importance. All, however, that had been done in morbid anatomy before Morgagni's time is recorded with scrupulous fairness in the pages of his own book. But this work forms so colossal a monument in the history of the science, that looking backward it is difficult to see beyond it. To contemporaries the work on the seats and causes of disease seemed an extension of the science which had occupied the greater part of its author's life; it was regarded as a contribution to anatomy. But at the present time we can see that it had a far higher significance. Although observations on the anatomy of disease formed the basis of the work, every such observation was accompanied by an equally accurate record of the symptoms and course of the disease during life. Apart from the anatomy these massive volumes constitute a vast clinical museum. In the combination of the two methods was its eminent, and at that time unique, merit.

Morgagni had a keen eye in selecting the essential and neglecting the trivial. He evidently saw that while clinical medicine without a basis of anatomy would often be unsubstantial, morbid anatomy without clinical observation would be unfruitful. It is needless to point out how this two-fold method of observation was carried out by Morgagni's successors in all European countries, and has been through a great part of the present century the most potent means by which the science of medicine has been advanced. We honour Morgagni not only as the prince of morbid anatomists, but as a great clinical physician. It is evident then that this beautiful work of art will be most appropriately placed in a pathological museum. In a certain sense no special memorial of him is needed here, as every such museum is a monument to Morgagni. We might borrow the epitaph inscribed in his own masterpiece to the architect of St. Paul's, and say among the crowded shelves of any pathological museum, "If you ask for the monument of the great Morgagni, look around!" And there is also an additional fitness in the fact that our museum is attached to a great hospital. Morgagni was, I believe, a hospital physician. At all events the greater part, though not the whole, of his material was derived from the hospital. Were he still among us he would feel as much at home in the wards as in the museum. In each department we may derive some encouragement in our work by recalling the memory of one who was so great a master of both sides of medicine,

The alliance of Italian and English science has always been cordial and at times very intimate. In former days many English physicians studied and graduated in Italy. Linacre, the founder of our College of Physicians, was among the earliest, and brought home to England the first fruits of the revival of learning in Italy. A curious story is told of him which shows how warm was his feeling of gratitude to his Italian teachers. On crossing the Alps on his homeward journey and taking his last view of that favoured land, Linacre (a staid and sober man as we suppose) was moved to a poetical outburst and bade farewell to Italy, apostrophising her as "*Sancta Mater Studiorum*." Such must have been the feeling, if not expressed in such words, of many a transalpine student. He was followed by a long line of English and Scottish students, the names and escutcheons of whom may be still seen on the walls of the *aula* of the University of Padua, such as John Caius of Cambridge, a contemporary of Vesalius, and the great Harvey, to whom I have already referred. Among others who took degrees at Padua I should especially mention two physicians of St. Thomas's Hospital, Eleazar Hodson, one of the earliest, and Richard Mead, the most distinguished. Mead was at Padua at the end of the seventeenth century, and took his degree only three years before Morgagni, so that they might have been fellow students. He is frequently referred to by Morgagni, and always in flattering terms. Passing from medicine to science in a wider sense, I need only mention the name of the great Italian naturalist Malpighi. He dedicated several of his works to our Royal Society, which in its admiration for the author caused them to be printed. In our own time the same feeling has been maintained by the interchange of courtesies between the English and Italian universities. The celebration by the University of Padua in 1892 of the tercentenary of Galileo's appointment to a professorship was attended on the invitation of the University by delegates from our College of Physicians, the Royal Society, and the Universities. And in the next year, on the occasion of tercentenary celebration of Harvey at Caius College, Cambridge, the Senate of the University of Padua very gracefully presented a copy of the tablet commemorating Harvey's residence in the University, which the diligent researches of their professors had brought to light. I need hardly allude to the International Congresses of Medicine, held, as in other capitals, in Rome and in London, which have had so good an effect in making the medical profession of different countries better known to each other, and contributing to the progress of medical science. We have in this beautiful and significant work of art a fresh proof of the cordial sympathy of our Italian brethren with science and medicine in England.

The Prize Distribution.

THIS annual ceremony was very successfully carried out on Tuesday, the 3rd October. The arrangements in the room were just the same as on previous occasions, except that to the left of the Chairman's table stood a bust of Giovanni Battista Morgagni, the celebrated Italian pathologist, copied from one by Salvini. Soon after half-past two the room began to fill, and when the procession of Treasurer, &c., from the Committee-room entered there were few if any empty seats. We were glad to see among the audience many members of the Governing body and the Hospital staff, as well as many ladies who always grace this function with their presence. Additional interest was given to the proceedings this year by the presence of the Italian Ambassador, Baron de Renzis, who attended the gathering in order to present to the Museum of the Hospital the bust just mentioned, on behalf of a Committee of Italians. Soon after three the Treasurer and the Italian Ambassador entered the room, followed by Professor Clifford Allbutt, some of the Governors, and members of the Medical Staff, and the Hospital, and took their places on the dais at the end of the room, the Treasurer having Baron de Renzis on his right and Professor Clifford Allbutt on his left. The Treasurer, at once, in a short speech, introduced His Excellency the Italian Ambassador, and said a few words as to the reason of his presence.

Baron de Renzis then rose, and speaking in French said:—"I have the honour to offer you, in the name of an Italian Committee, a bust in marble of Giovanni Battista Morgagni. It is with a feeling of patriotic pride and gratitude to you that I fulfil this task. If, on the one hand, I am proud to see honoured the memory of the founder of morbid anatomy, by giving him a place in this Pantheon of science, I do not forget that the first idea of doing so came from the body of illustrious men which composes the staff of St. Thomas's Hospital through the kind intervention of Mr. Shattock, the Curator of the Museum. . . . In this temple where is venerated the memory of Richard Mead, that Mead whom Morgagni in his work *De sedibus et causis morborum* several times refers to, calling him 'Anglorum medicus doctissimus'; in this hospital, where Cheselden has left the great memories of his science, the portrait of Morgagni will be among his peers. . . . I express in the name of my compatriots, our profound sense of the honour you have paid our illustrious countryman." This speech was received with the warmest applause.

Dr. Payne then rose and gave a very interesting and appreciative account of the life and work of Morgagni, which need not be further alluded to here, as it is given almost *in extenso* on another page. Dr. Payne's address was much applauded.

The more immediate business of the day then commenced with the Treasurer's speech. He alluded to the alterations that were now being made, and had been made lately, in the Hospital, showing that the Governors were determined to make it as perfect as possible, and would spare no expense to do so. He also alluded to the changes in the staff that had occurred since the last prize distribution, mentioning the retirement of Mr. Mackellar and the consequent addition of Mr. Makins to the Senior Staff, the addition of Mr. Abbott to the Junior Surgical Staff, and Dr. Colman to the Junior Medical Staff. He also stated that the Nursing Staff had been increased by the addition of more probationers, and mentioned the names of some of the Sisters who had left to take charge of other Hospitals, &c. He was pleased to be able to inform the meeting that there had been a considerable increase in the number of Governors during the past year, though they had to mourn the loss of two by death. He concluded by introducing Professor Clifford Allbutt, and asked him to distribute the prizes.

The Dean, before introducing the successful candidates, made a few remarks about the School. He said he was sorry not to be able to record that any great distinctions had been won at the London University, but he was quite satisfied with the position the School held in regard to the way in which the students had passed their examinations, as in that respect it could hold its own with any other. He mentioned that the prizes for the students in their third year would in future be abolished, and they would henceforth be awarded at the end of the fifth year. Changes in the subjects of the examinations of the Conjoint Board necessitated this alteration. He then introduced the winners of the various Scholarships and prizes, to whom Professor Clifford Allbutt handed the prizes and medals. The Wainwright Prize (four very handsomely-bound volumes of works by Ruskin) for practical medicine was won by R. J. Horton Smith, the Cheselden Medal was won by H. T. D. Acland, the Bristowe Medal by H. D. Singer, and the Treasurer's Gold Medal by J. Gaff. The recipients were severally introduced by Dr. Dr. Payne, Mr. Pitts, and Dr. Hawkins.

Professor Clifford Allbutt then delivered his address on "Theory and Practice."* In commenting on the relation between the early studies of students at Cambridge and their later work at a London Hospital, he deprecated students leaving Cambridge on the completion of the examinations in Anatomy and Physiology, thinking it better that they should spend one or two terms more studying Pathology, &c. The end of University methods was to make education more theoretical, to regard principles as

* Want of space prevents us from more than hinting at the address; it is, we are glad to say, printed *in extenso* in the *Lancet* of October 7th.

opposed to routine, to regard theory as well as practice. The so-called practical man held theory in contempt, and it was not an uncommon thing to hear that such and such might be theoretically right but that practically it was wrong; this paradox was a mischievous one, for if experience contradicted a theory then the theory was either erroneous or incomplete. Though art, *i.e.*, practice in the earlier stage of societies necessarily preceded theory, yet integration and co-ordination of knowledge followed immediately upon its heels, and as general laws became known science began to move in advance and to become creative. Theoretical knowledge was knowledge itself in the longest and broadest pieces in which it was to be had—knowledge which enabled forecasts of long sequences to be made. In Germany, in the United States, and even in Scotland theory was much more abundant than in England, for the Englishman was too much given up to pioneering and to muscular proficiency to be curious in learning.

When the applause with which the address was greeted had died away, Dr. Ord rose and proposed a very cordial vote of thanks to Professor Allbutt for his very interesting and instructive address; this was seconded by Mr. Thorne. The meeting then broke up and the audience dispersed, some accepting the hospitality of the Treasurer in the Committee room, while others were the guests of the Medical School, where the wants of the "inner man" were well provided for in the dining-room of the Students' Club.

The Old Students' Dinner.

THERE was a very large attendance of old students to celebrate the Annual Dinner at the Hotel Metropole on October 3rd, no fewer than 178 being present. The chair was occupied by Dr. Sharkey. As usual the arrangements and the dinner in the Whitehall Rooms were unexceptionable.

The first toast, that of "The Queen and Royal Family," was proposed by the Chairman.

The next, "St. Thomas's Hospital and Medical School, Past and Present," was proposed by Professor Clifford Allbutt, in an ideal after-dinner speech. He was very much struck by the prodigious advances that had been made in medical education. Some of the best examination papers sent up by candidates filled him with astonishment, and made him feel ashamed of the burdens placed on the student of to-day. Such was the knowledge displayed by the student that it was no longer the student who was afraid of the examiner but the examiner who stood in dread of the candidate. Much of this was to be attributed to the fact that

teaching was enormously better than it was thirty years ago. Much amusement mingled with incredulity was evinced when Professor Allbutt said that he sometimes received such profound replies from candidates that as a matter of self-defence he had to change the subject rather hurriedly, and that he looked upon his fellow-examiner to protect him from the candidate in whose interests he was supposed to be present. Professor Allbutt eulogised the Museum of St. Thomas's by saying it was second only to that of the Royal College of Surgeons. An expression of opinion that all who know its magnificent collection of specimens will heartily endorse.

The toast was coupled firstly with the name of the Treasurer. Mr. Wainwright's remarks on the improvement of the finances of the Hospital were received with great attention and applause. At the present time £20,000 was being spent in re-building the theatres, improving sanitary matters, and erecting two new children's wards, which would be perfect of their kind. It would therefore be understood that he asked boldly for still further aid. St. Thomas's Hospital used to receive £500 a year from ordinary contributions and £2,000 in legacies. During the ten years he had been Treasurer he was proud to say the Hospital had improved greatly in its financial position. He was assisted in the appeal for funds by H.R.H. the Duke of Connaught, and the result of that appeal was that during the past four years the contributions had reached an average of £17,317 and legacies £4,057 per annum. In the present year the contributions to the end of September amounted to £2,800 and legacies £12,678. On the other hand the Hospital was poorer in one respect, as its income from agricultural property had gone down from £44,000 to £40,000. The Hospital had now £48,000 more invested than in 1894, and moreover he had succeeded in paying off loans to the amount of £20,200. He had received great support from the Governors, from the Receiver (Mr. Brass), and from the Steward (Mr. Phillips).

The Dean, Dr. Hawkins, was enthusiastically received, and proceeded to respond on behalf of the Staff and Lecturers of the School. There was not very much to be said, as it had spent a placid existence during the past year in steadily improving itself. There were no especially brilliant distinctions to point out. He could assure the Chairman that every man in St. Thomas's was of that class of whose achievements he had been speaking. In athletics we had not been very successful; we had, however, as usual, won the Shooting Cup. The men of St. Thomas's were of the right class, seldom failing in life, and were to be heard of doing good work in every part of the globe. Among recent changes, Mr. E. C. Stabb had been appointed Assistant-Surgeon to the Great

Northern Hospital. Our men were doing very well in the Navy and Army. Captain John Fisher had obtained the D.S.O. and Captain Whiston had done good work in the Egyptian fighting. Some took an interest in municipal work, and one held the position of Mayor of Harrogate. As regarded other changes, Dr. Colman had joined the staff, coming to us with an Edinburgh and University College education; the children's apartment had been placed under his care. Mr. Abbott had been appointed Assistant-Surgeon, and was also in charge of the Ear and Physical Exercise Departments. Dr. Brodie had left the Physiological Department on being appointed Director of the Laboratories of the Royal College of Physicians and Surgeons. He had been succeeded by Dr. Leathes, an Oxford man, welcome also because he hailed from Guy's, our sister hospital. Clinical lectures were in systematic working order, and he regarded them as one of the most important parts of our teaching; they had been aided by the Treasurer and Governors, who gave them Wednesday afternoons for the purpose. He would say little about the proposed new University of London, beyond that St. Thomas's would approve of the centralisation scheme. As regards entries we had had an increase in the last three years. Dr. Hawkins concluded by acknowledging the great help he received from the School Secretary, Mr. G. Rendle.

Mr. W. F. Brook responded on behalf of the old students, who, scattered over the United Kingdom and abroad, should be considered a Greater St. Thomas's; the responsibility rested with them of proving to the world that the School of St. Thomas's was not only on a par with other schools but took the lead.

Sir William MacCormac then proposed "The Health of the Visitors," mentioning especially Professor Clifford Allbutt, Sir Henry Norbury (the Medical Director of the Navy), Surgeon-General Jameson (the Medical Director of the Army), and the Italian Ambassador, Baron F. de Renzis, who came from that great country Italy, with whom we have always been in such close and friendly contact. Sir Willam referred to the gift to the School of the bust of Morgagni, and also to the compliment paid to that illustrious surgeon Lord Lister, whose effigy adorns one of the finest hospitals in the world, erected near Rome. (Cheers.)

The Ambassador, replying for the guests, said that times had greatly changed since Molière made the empirical practitioners the victims of his facile pen.

Mr. G. C. Franklin proposed the toast of "The Chairman," whom he first met many years ago abroad. Dr. Sharkey was then Radcliffe Travelling Fellow, and since then his career had been one of continued prosperity. Dr. Sharkey had ever been conspicuous

for the manner in which he looked after the well-being of St. Thomas's and its students.

Dr. Sharkey, in replying, thanked Mr. Franklin for his kind words, and the audience for the way in which the toast had been received. Everyone was amused when Dr. Sharkey proceeded to assign old age as the reason of his being put in the chair, for the venerable antiquity of which he spoke as overtaking him is about the last thing he would be accused of. He referred to the attachment of men to their School and University, but their attachment to their Hospital was greatest of all. The students were animated with enthusiasm and loyalty; the happiest days of their life were spent at the Hospital. The staff endeavoured to keep St. Thomas's in the van of progress, and at the same time the creature comforts of the students were not neglected. The tone of the students was good, and he was glad to say that they had not permitted their intellectual pursuits to dwarf their physical energies. The greatest harmony prevailed between the Treasurer and Governors and the Staff, and he would like to acknowledge the services rendered to both the Hospital and the School by the Treasurer, who was ever eager to improve the Hospital and to meet the various suggestions of the Staff for the School. It was due mainly to the initiative and perseverance of Mr. Wainwright that the finances of the Hospital had advanced to an extent that made improvements possible. "May the Governors, the Treasurer, the Staff and Teachers, the Students, past and present, ever unite in their efforts to advance the usefulness, the reputation, and the prestige of this great institution of which we are all so justly proud." (Cheers.)

The toast of "The Secretaries" was proposed by Dr. Nicholson, and acknowledged by Dr. Box and Mr. Wallace.

The Operating Theatres.

THOSE who have left the Hospital and who hear little more than vague rumours of the extensive changes that are taking place in the Operating theatres, may be interested to know the general features of the work that is in process.

The Male Theatre is being undertaken first, and at present is surrounded by scaffolding; it has been entirely denuded of its contents, so that merely the shell remains. The ground floor is to be converted into a Children's Ward. This will be entered by a passage leading from the main corridor; on the left, as one passes through this passage, will be the Sister's Room, and on the right the Linenry and the Ward Kitchen. This appropriation of space will result in the Ward being oblong in shape, with its long axis parallel with the main corridor. At one end of the Ward, Lavatories

are being built out, and the Bath Room will occupy a corresponding position at the other end. The height of the ward will be the same as in other Wards, for the floor of the Theatres above will be built on the level of the upper corridor, and will form the roof of the Ward.

Opposite the Ward, with the main corridor intervening and built out over the Out-Patient Department, as was done in the case of the Clinical Laboratory, will be in order—firstly, a staircase leading to the Theatres above ; next to this a room for the Members of the Staff, then the Lift for the patients, and, lastly, a Bath Room and Lavatories. So much for the ground floor.

On the upper corridor level the two new Theatres will be situated. The walls of the Theatre will be raised six feet, and the present roof replaced by an arched one without any struts and stays. A partition, parallel to the corridor, will divide the two Theatres, which, for convenience, might be called the Road and the River Theatre respectively. The Auditorium of each, with students' entrance, will be at the end facing Block VI. Facing Block VII will be a passage giving access to the Theatres, and between this passage and the Theatres proper the Anæsthetising Rooms will be situated. Situated above the Lavatories of the Ward below will be a room for cleaning macintoshes, and above the Ward Bath-room will be the Cistern Room. The portion of the upper corridor corresponding to the Theatre will be roofed in and shut off at each end by doors to exclude draughts. On the other side of the corridor will be in order—firstly, the upper end of the staircase, then the Surgeons' Room, then the Lift with Patients' Waiting Room, and, lastly, the Dressers' Room.

The fittings will be better described later when the work, which is being pushed on with great energy, is nearer completion.

The temporary sub-division of the Female Theatre, pending the completion of the Male Theatres, is found to act very well, and as soon as the new theatres are finished the Female Theatre will be treated in a precisely similar way.

Athletics.

DURING the season 1898-99 the Hospital has shewn some improvement on the year preceding, but there is still much to be desired as a cursory glance at the upper end of the Club Room shews only too plainly. In Rugby Football, the great game for which St. Thomas's has long been famous, we have been very weak ; there was great lack of combination amongst the three-quarters, and a general lightness all over the field. The forwards, on the whole,

shewed to best advantage, but there is much room for improvement. We were fortunate in getting through the first round of the cup ties, but were thrown out in the semi-final by Guy's by 4 goals 2 tries to *nil*. Association Football also did not do so well as might have been hoped; there was always a difficulty in getting men to turn up for the matches; one might have thought that eleven men could have been raised in so big a school without difficulty. The second eleven did much better, and shewed some promise.

With regard to aquatic sports, we are glad to say that the Rowing, Swimming, and Water Polo Clubs were more in evidence. It is some time since we had a boat on the river, and, although we did not obtain the Cup, yet the fact of our competing at all is a great advance. As a riverside Hospital, with many 'Varsity men, we might at least put a boat on the river every year, and, if we did so, surely we might hope for the Cup some time. The Swimming and Water Polo teams, under an energetic secretary, have won several events, and were for a time leading for the Cup.

The Rifle Club has been more successful than the others, having won nearly all its matches, and having brought back the Cup after its temporary sojourn at Guy's, whither it went last year for a change of air. It is significant that all the men in the team were Artists, so it is to be hoped there will be more recruits.

In Cricket we obtained a place in the semi-final for the Cup.

Impenetrable darkness enshrouds the doings of the Tennis Club.

The Athletic Sports went off very well. The innovation was introduced of holding them on our own ground at Chiswick, Richmond or Stamford Bridge having been the scenes of our previous efforts. The change was appreciated, and more visitors were present; extra work was thrown on the secretaries, but they were more than equal to the occasion, and things went off without a hitch. All the starting, time-keeping, and other details were managed by our own men.

An excellent scheme is on foot among old students to present a Challenge Cup to be held yearly by the winner of the greatest number of events, and also a Medal which he can keep as a memento of his prowess. (See "Correspondence.")

In thus reviewing the results of the athletic sections during the past year, we cannot avoid the conclusion that they are in a less flourishing condition than in the period of a few years ago, when we could contemplate challenge cups in *asse*, whilst now we have to look forward to them in *posse*. This is, however, not a matter for great concern, for what we have to look to is whether our men do take a healthy keen interest in sport, and this we can confidently say they do. That it is gratifying to win trophies goes without saying, but the pendulum swings first in one direction and then in another, and

the time may not be distant when the club mantelpiece shall wear a more joyous look. It is also to be borne in mind that there are many Hospitals and a very limited number of cups, so that in possessing one we are probably up to the average.

One thing more. We are strongly of opinion that the GAZETTE should contain a record of all the doings of each club. Space forbids very long accounts of individual matches save important ones, but at least the result should be recorded in the GAZETTE. Some secretaries are blameless in this respect, but some are most reluctant to divulge information; of course it is not always pleasant to have to confess to failures among the various teams, but there is no discredit in losing matches, and publicity is a good stimulant.

Hospital News.

In the July number of the GAZETTE Sir William MacCormac's re-election as President of the Royal College of Surgeons was inadvertently referred to as being his third term of office; it was of course his fourth election.

Dr. T. G. Brodie has, in addition to his appointment as Director of the Laboratories at the Examination Hall, been elected to the Lectureship on Physiology at the School of Medicine for Women. He has been succeeded at St. Thomas's by Dr. J. B. Leathes, who is an Oxford and Guy's man, and has done much work abroad. We offer him a hearty welcome to St. Thomas's.

We congratulate Mr. A. F. Stanley Kent on his election as Professor of Physiology at University College, Bristol.

Dr. W. P. Purvis has been appointed Surgeon to the Throat and Ear department of the Royal South Hants Infirmary, Southampton.

Dr. W. E. Dixon has been appointed Assistant to Professor Bradbury, Downing Professor of Medicine at Cambridge.

A healthy Imperialism flourishes at St. Thomas's; witness the large number of our men who are practising in the colonies, the numbers we contribute to the Services, and the volunteers for active service. Already five have been chosen by the War Office for service in the South African campaign. Mr. Fox-Symons sailed on October 14th on the *Dunnottar Castle*; this will be his second campaign, for it will be remembered he served with the Greeks in the Græco-Turkish war, being sent out by the *Daily Chronicle* Fund. The others are S. W. F. Richardson, F. Pershouse, F. R. Martin, and W. J. Waters. It can be said that there has been scarcely any

war of the present century to which St. Thomas's has not sent its contingent, and we think it will ever be so. The general feeling is that those who are now going out are much to be envied. A good many of our men are practising in South Africa, eleven in Cape Colony, seven in the Transvaal, five in Natal, and two in Rhodesia.

In the recent examination for the Indian Medical Service the three candidates from St. Thomas's obtained very high positions, Mr. Goodbody coming out second, Mr. Thurston fourth, and Mr. Gilbert sixth. We wish them every success. Mr. Thurston's experience of operative surgery gained while he was surgical registrar will doubtless stand him in good stead in the future.

The awards for the Entrance Scholarships are as follows :—
Science Scholarship of £150 — Mr. Lacey Bathurst.
Science Scholarship of £60 — Mr. Leonard Craske.
University Scholarship of £50 — Mr. A. C. Hudson, B.A., Cantab.

For the bust of Morgagni the Hospital is indebted to Mr. Shattock, who expressed to Dr. Soffiantini, of Milan, the wish that we might have such a memorial. Dr. Soffiantini organised the Italian Committee, and carried the project to its successful issue. The illustration is from a photograph taken by Mead, the Medical School porter.

The following are among the works announced in Messrs. Macmillan's new series of manuals :—

H. B. Robinson—"A Students' Guide to Surgical Diagnosis."

F. C. Abbott—"A Manual of Surgical Anatomy."

T. G. Brodie—"A Manual of Chemical Physiology and Pathology."

The re-organisation of the lavatories and bath-rooms, and the re-painting of Leopold and Clayton Wards, is now completed; the work, for reasons not obvious, has taken so many months, that it seems a pity the opportunity was not seized of re-flooring the wards and of installing the electric light.

Everyone will be glad to hear that Miss Gordon, the Matron, is quite convalescent from her recent illness. She has been greatly missed, and all are looking forward to seeing her return to the Hospital in the best of health. She will probably be on duty again in November.

Nurses Coulson, Riddick, and Poole have arrived in Bombay, where their energies will be devoted to combating the plague. They are the first nurses from St. Thomas's to be sent out for this purpose, and everyone wishes them success in their work.

In Memoriam.

ALFRED BARTON LINDSEY.

IT is with the deepest regret that we record the death of Alfred Barton Lindsey, who died on August 25th from an attack of pleuro-pneumonia. Lindsey entered St. Thomas's as a first year student in 1896, having previously passed the Intermediate B.Sc. with honours in Chemistry and Zoology. In 1897 he obtained honours in Zoology at the final B.Sc. In the Hospital sessional examinations he obtained College prizes in his first winter, first summer, and second winter. He was thus a most distinguished student, and by his death we have lost one who from his own personal character and high talent would always have done honour to his Hospital. To his relatives and friends we offer our sincere sympathy.

RAYMOND JOHN HORTON-SMITH.

Another death that has caused great sorrow in the Hospital is that of Raymond John Horton-Smith, which occurred on October 8th at Davos from Phthisis, at the age of twenty-seven. Horton-Smith was a Cambridge man, and acquired there the reputation of a brilliant and hard-working student. He obtained scholarships at St. John's College and took his degree in the Natural Science Tripos, obtaining a double first in Anatomy and Physiology. While there he also passed the Primary Fellowship. He entered St. Thomas's in 1896, taking the University Scholarship. In the Hospital his intense application caused some misgivings, and an attack of pleurisy, for which he was warded in 1897, gave rise to some anxiety as to his future health; but he was too intent on getting through his hospital work to pay much attention to this or other warnings, and he worked on until the beginning of this year, when he passed the final Conjoint Examinations and the Cambridge M.B. He also obtained the Wainwright Prize, being the first student to whom it was awarded. He, again, however, shewed signs of lung trouble, though these soon diminished, and he went only a few months ago to Davos, where he improved rapidly, and it was expected by everyone that he would recover; it was, however, not to be, and his death was ushered in by a severe hæmoptysis. He was open and bright in manner, possessed an alert and enquiring mind, while his devotion to his work was at times pathetic. Without doubt he would have achieved great success had he lived.

THE RIGHT REV. J. W. HICKS, M.D., F.R.C.P.

We regret also to record the death this month of another distinguished St. Thomas's man—the Right Rev. J. W. Hicks, M.D., F.R.C.P., Bishop of Bloemfontein, Orange Free State. He entered St. Thomas's in 1859, and after carrying off numerous prizes obtained the Cheselden and the Treasurer's Medals.

Programme of Medical & Physical Society.

OCTOBER 12th.—Opening Meeting: Reading by Dr. Cullingworth of an unpublished Address by the late Sir Wm. Roberts, M.D., F.R.S., "On the Alcohol Habit considered from a New Standpoint."

October 26th.—Clinical and Pathological Evening.

November 9th.—W. S. Colman, M.D., F.R.C.P., "Aesculapius and his Temple." With lantern slides.

November 23rd.—C. G. Seligmann, "Notes from Papua." Illustrated by numerous lantern slides.

November 30th.—Clinical and Pathological Evening.

December 7th.—An Address by Patrick Manson, LL.D., M.D., F.R.C.P., on "Filaria Sanguinis and Filariasis." Illustrated by lantern slides and numerous microscope specimens.

January 18th, 1900.—J. J. Perkins. M.A., M.B., Cantab., "On the Out-door Treatment of Phthisis."

February 1st.—C. S. Wallace, B.S. Lond., F.R.C.S., "Some Points in a Modern Hospital." With lantern slides.

February 15th.—J. O. Cuthbertson, B.A., Oxon., "16th Century Surgery." Illustrated with lantern slides.

March 1st.—Clinical and Pathological Evening.

March 15th.—F. Foord Caiger, M.D., B.S., M.R.C.P. Lond., D.P.H. Cantab., "On Certain Clinical Features of Diphtheria."

Football News.

ASSOCIATION FIXTURES.

Date.	1ST XI. Club.	Ground.
1899.		
Oct. 14	Civil Service, Chiswick.	
" 21	Richmond A.F.C.	
" 28	Barnes Incogniti, Chiswick.	
Nov. 1	R.I.E.C., Chiswick.	
" 8	Barnes F.C., Barnes.	
" 11	Old Eastbournians, Chiswick.	
" 15	Old Cranleighans, Catford.	
" 25	Townley Park, Townley Park.	
" 29	City of London School, Beckenham.	
Dec. 6	R.I.E.C., Chiswick.	
" 16	Clapham Rovers, Chiswick.	
1900.		
Jan. 13	Civil Service, Chiswick.	
" 17	Barnes, Chiswick.	
" 24	Weybridge, Weybridge.	
" 27	Bradfield Waifs, Chiswick.	
Feb. 3	Old Cranleighans, Chiswick.	
" 10	Bradfield Waifs, Norbury Park.	
" 17	Civil Service, Chiswick.	
" 24	City of London School, Chiswick.	
Mar. 10	Townley Park, Chiswick.	
" 17	Barnes Incogniti, Barnes.	

Date.	2ND XI. Club.	Ground.
1899.		
Oct. 18	St. Mary's Hospital A, Chiswick.	
" 21	City of London School A, Chiswick.	
Nov. 1	Manor House School, Clapham.	
" 15	Old Cranleighans A, Clapham.	
" 25	Eversleigh A, Chiswick.	
" 29	St. Mary's Hospital A, Chiswick.	
Dec. 2	North Kensington, Chiswick.	
" 9	Grove Park, Chiswick.	
" 16	London County Council.	
1900		
Jan. 13	Ealing B, Ealing.	
" 30	Euneva, Chiswick.	
" 27	Eversleigh A, Balham.	
Feb. 3	Old Cranleighans A, Catford.	
" 10	North Kensington.	
" 17	City of London School A, Beckenham Hill.	
" 24	Balham School Old Boys, Balham.	
Mar. 3	Grove Park, Chiswick.	
" 7	Manor House School, Chiswick.	
" 10	Euneva, Balham.	
" 11	Balham School Old Boys, Chiswick.	
" 24	London County Council, Chiswick.	

RUGBY FIXTURES.

President: H. B. Robinson, Esq., M.S. Captain: H. R. Bateman. Vice-Captain: H. M. Harwood. Hon. Sec.: T. W. H. Downes. Hon. Treas.: G. H. Latham. Captain 2nd XV.: A. D. Jameson. Committee: L. F. Hanbury, R. J. C. Thompson, A. E. Martin, H. Wheelwright.

1ST XV.		
Date.	Club.	Ground.
1899.		
Oct. 7	Trial Game, Chiswick.	
" 14	Richmond, Richmond.	
" 21	Lennox, Stamford Bridge.	
" 25	Cambridge, Cambridge.	
" 28	*Cardiff, Cardiff.	
" 30	*Penarth, Penarth.	
Nov. 4	Kensington, Wood Lane.	
" 11	Bedford, Bedford.	
" 18	Rosslyn Park, Chiswick.	
" 22	R.I.E.C., Cooper's Hill.	
" 25	Old Leysians, Crystal Palace.	
Dec. 2	*Blackheath, Blackheath.	
" 9	Sandhurst, Sandhurst.	
1900.		
Jan. 13	Harlequins, Wimbledon.	
" 20	Croydon, Chiswick.	
" 27	Rovers, Wandsworth.	
Feb. 3	Marlborough Nomads, Surbiton.	
" 10	London Irish, Herne Hill.	
" 14	Rovers, Chiswick.	
" 24	Coventry, Coventry.	
Mar. 3	Rosslyn Park, Richmond.	
" 10	Old Merchant Taylors, Richmond	
" 17	Catford Bridge, Catford.	
	*Guy's and St. Thomas's combined.	

2ND XV.		
Date.	Club.	Ground.
1899.		
Oct. 7	Trial Game, Chiswick.	
" 18	Merchant Taylor's School, Willesden Green.	
" 25	Guy's Hospital A, Chiswick.	
" 28	St. George's Hospital A, Chiswick	
Nov. 1	St. Bartholomew's Hospital A, Chiswick.	
" 4	Kensington A, Chiswick.	
" 11	Lennox A, Chiswick.	
" 18	St. Mary's Hospital A, Chiswick.	
" 22	St. Bartholomew's Hospital A, Winchmore Hill.	
" 25	Marlborough Nomads A, Chiswick.	
Dec. 2	R.I.E.C. A., Cooper's Hill.	
" 9	Sandhurst A, Chiswick.	
1900.		
Jan. 17	Guy's Hosp. A, Honor Oak Park.	
" 20	Croydon A, Croydon.	
" 27	Kensington A, Wood Lane.	
" 31	Merchant Taylor's School, Chiswick.	
Feb. 3	U.C.S. Old Boys, Chiswick.	
" 10	R.I.E.C. A, Chiswick.	
" 17	St. George's Hospital A, Wormwood Scrubbs.	
" 21	St. Mary's Hospital A, Chiswick.	
" 24	Marlborough Nomads A, Chiswick.	
Mar. 3	Lennox A, Stamford Bridge.	
" 10	Harlequins A, Chiswick.	

Correspondence.

To the Editor of the ST. THOMAS'S HOSPITAL GAZETTE,

DEAR SIR,—

Can you spare me space for a few remarks on the "Old Students' Dinner"?

First as to the price. Surely it would result in a very much larger number being present if a smaller sum than 12/6 were charged. One hospital, I know, only charges 7/6, the dinner taking place at the Café Royal, and being quite good enough for most people. Then as to the speeches; I hope I shall not offend, but rather have the sympathy of those concerned, when I say that we do not want to hear so many men speak at each dinner. Surely when old friends only get this one opportunity in the year of seeing one another, as must often be the case, they would much rather move about and chat than listen to speeches which, it must be confessed, exhibit a dreadful sameness year by year? If I

might make a suggestion, I should say—cut the speeches down to the smallest possible number, and when dinner is over, let those who like go round and talk to old colleagues, etc. A few songs and some music would also, I believe, add greatly to the evening's enjoyment.

Hoping that next year's committee will, at all events, make some alteration in the present too much cut and dried arrangements.

I am, dear Sir,

Yours faithfully,

F. HARCOURT GERVIS.

To the Editor of ST. THOMAS'S HOSPITAL GAZETTE.

DEAR SIR,—

I enclose a copy of a letter which has been sent round to many old St. Thomas's men; my reason being that owing to the circulation of the GAZETTE among old students it will come under the notice of some men who have not received a copy, and at the same time tend to remind those who are anxious to subscribe, and have not already done so, that by remitting their subscriptions as soon as convenient it will greatly assist my Committee in winding up their accounts, which they are anxious to do as soon as possible; at the same time we wish to give every old student of our Alma Mater desirous of forwarding a donation an opportunity of doing so.

I am,

Yours faithfully,

J. HAMILTON HART.

STUDENTS' CLUB,
ST. THOMAS'S HOSPITAL, S.E.

August, 1899.

DEAR SIR,—

Some old St. Thomas's men have expressed a desire to present a Perpetual Challenge Cup to be competed for at the Hospital Sports, with the view to encourage Athletics among the students at the Hospital.

The competition to be held annually, and to be decided by points.

It is proposed that subscriptions be raised from all old St. Thomas's men, and the following have been elected as a Committee of Management: Messrs. A. E. Elliott, G. Schilling, C. L. B. Stone (Hon. Treas.), J. H. Hart (Hon. Sec.).

It has been decided to limit the subscriptions to five shillings each, any monies left over after buying the Cup to be used to provide a medal to be given annually to the winner.

As an old St. Thomas's man, may I, on behalf of my Committee, solicit the favour of a subscription from you.

Subscriptions may be sent to the Honorary Treasurer at

The Infirmary,

St. John's Hill,

New Wandsworth, S.W.;

or to myself at St. Thomas's Hospital.

Thanking you in anticipation,

I remain,

Yours faithfully,

J. HAMILTON HART,

Hon. Sec.

St. Thomas's Medical Missionary Association.

J. CROFT, Esq., F.R.C.S., President.

THE Association was formed in 1890, with the object of helping St. Thomas's men, who, after completing their curriculum here, have gone into the Foreign Mission Field to carry on distinctly MEDICAL MISSION WORK.

Medical Missionaries often find their work and usefulness seriously hindered, owing to the inability of the Societies whom they serve to provide them with the needed instruments and drugs; and the aim of this Association is, if possible, to supply their principal needs, and by this means to keep up communication between the Medical School and Hospital and those who, after their stay here, are now serving in the Mission Field.

To make the scope of the Association more fully representative of these aims, a resolution was passed in June 1899, to include members of the Nursing Staff of St. Thomas's Hospital who are now working in the Mission Field among those whom the Association endeavours to help.

The Annual Subscription of Members is fixed at 2/6, and all past and present Students of the Hospital and Members of its Medical and Nursing Staff are eligible for Membership.

An Address on Medical Missions will be delivered in St. Thomas's Hospital, by Dr. Arthur Lankester, on Wednesday, November 1st, at 5.30 p.m.

Books for Review.

ORTHOPÆDIC SURGERY. By J. Jackson Clarke, M.B., Lond., F.R.C.S. Pp. 442. Price 21/-. (Cassell & Co.)

This is a really admirable book on the subject of deformities, and has given us great pleasure and no little instruction in the reading.

After an introduction, in which the author pleads for orthopædic departments at general hospitals, he devotes about 100 pages to a very good description of the conditions which produce deformities, and to their general treatment by (a) splints and other appliances, (b) manipulations, and (c) operations.

The second part of the book deals with the orthopædic surgery of the body in order.

The matter in the book is well balanced, and due proportion of space has been allotted to such important conditions as talipes, ricketty deformities, flat foot, congenital dislocation of the hip-joint, and tuberculosis of the spine. Where such evident pains have been bestowed, one feels that criticism is somewhat captious, but we wish Mr. Clarke had shown us more clearly how to diagnose Still's Joint-Disease from tuberculous disease in children. The term "flail-joint" having been already employed for one of the results of excision of a joint, it is a pity to use it for a joint whose muscles are completely paralysed, inasmuch as lateral mobility is still checked by the ligaments, and the shape of the articular surfaces.

We think that the diagnosis of Spasmodic Flat-foot of hysterical origin is hardly supported by the notes of the illustrative case. The description of the mechanical appliances for flat-foot is so full that we are surprised at the omission of the ordinary flat-foot sock, which is so often perfectly effectual.

The book is beautifully got up, and the plentiful illustrations are well executed and most grateful. Some good radiographs are used to demonstrate various deep-seated conditions.

We like the author's style, which is pleasant and readable without being diffuse. The proof-reading has here and there been somewhat careless. It does, however, break the monotony of a strictly serious book to be told to use "a double bar, the upper round of which is higher than the lower," for certain exercises.

INTESTINAL OBSTRUCTION. By Frederick Treves, F.R.C.S.
Second and Enlarged Edition. Pp. 565; illustrations 118.
Price 21/-. Messrs. Cassell & Co., London.

This, the second edition of Mr. Treves' well-known book on Intestinal Obstruction has been so much enlarged and so thoroughly revised that it is virtually a new book, and concerning it we can at once say that we have nothing but unqualified praise.

A condition of fairly common occurrence, in which errors in diagnosis are, as is seen from time to time in patients admitted to hospital *in extremis*, unfortunately not uncommon—intestinal obstruction merits the closest consideration. In few diseases is it so urgent to make a prompt diagnosis, and yet to arrive at an accurate diagnosis of a condition, the early symptoms of which "are by no means peculiar to intestinal obstruction, but are common rather to nearly all acute lesions within the abdomen," which "may attend the passing of a gall-stone and the twisting of the pedicle of

an ovarian tumour " may be, and frequently is, a problem of the greatest difficulty. This work, in which the pathology, symptoms, and treatment of intestinal obstruction are exhaustively considered, deserves to be widely read, and cannot fail to convey to those who read it an adequate and clear conception of the course of the disease, and of the grievous results which attend either delay in its recognition or the employment of methods of treatment other than operative.

The subject is considered under three sections ; the first is devoted to an admirable account of Pathology and Morbid Anatomy, the illustrations, of which there are over 100 accompanying the text, are excellent ; it is interesting to note that several are taken from St. Thomas's Hospital Museum, in fact Mr. Treves has very rightly drawn upon the museums of most of the London Hospitals for the types of lesions that may be met with.

In the second section the clinical manifestations are considered very fully ; in places there is here a tendency to recapitulate and repeat more, perhaps, than is necessary.

The third and final part is devoted to Treatment, and of this section it would be impossible to say words of too great praise. The general remarks on the operative treatment of acute intestinal obstruction are wholly admirable. In advanced cases of acute obstruction, *i.e.*, when operation has been delayed beyond forty-eight hours from the onset of the attack, enterostomy by means of a Paul's tube is recommended, after the obstructing cause has been removed, so as to empty the distended intestine of its foul contents.

In acute intussusception inflation of the colon is not recommended if the case be very acute, or if there be much collapse or hæmorrhage, or if the symptoms have existed over twelve hours.

Though written by a surgeon the book will appeal with great force to physicians, under whose care these cases frequently come at first, and on whom, in this disease as well as in peritonitis and others associated with the same acute abdominal symptoms to which collectively the convenient term peritonism has been assigned, the responsibility rests of advising the operation, the immediate performance of which gives, in the vast majority of cases, the only prospect of saving life.

The type is excellent, the paper good, and there are a very large number of references to the literature of the subject.

A HANDBOOK OF PHYSICS AND CHEMISTRY. By H. E. Corbin, B.Sc., and A. M. Stewart, B.Sc. Pp. 424. Price 6/6. (J. and A. Churchill).

This book, written to meet the requirements of the First Conjoint Board Examination in Physics and Chemistry, is divided

into three parts :--(1) Physics, (2) Inorganic Chemistry, and (3) Organic Chemistry.

Part I., though perhaps the most suitable elementary work on Physics that has yet appeared for students preparing for this examination, might with advantage have been treated more fully in one or two places, *e.g.*, the article on atmospheric pressure is incomplete. The explanation of the action of the Leyden Jar, is also incomplete, and very liable to lead the student to an erroneous understanding of its action.

Part II., which deals with Inorganic Chemistry, is on the whole good. The definition of a "salt" is rather confusing, and the statement that water precipitates bismuth oxychloride from an acid solution of a bismuth salt is not correct. The list of tests given after each metal is incomplete, some of the more important tests having been omitted.

Part III., which deals with Organic Chemistry, is the best of the three, and treats the subject very clearly.

This elementary work may be safely recommended to those students preparing for the Conjoint Board Examination in Physics and Chemistry.

Examination News.

UNIVERSITY OF LONDON, JULY, 1899.

Intermediate Examination in Medicine.

W. H. Harwood-Yarred, B.Sc. (1st Class Honours, with marks qualifying for Exhibition in Organic Chemistry, and 3rd Class Honours in Physiology and Histology), C. N. Sears, 1st Division, and C. de Z. Marshall, 2nd Division (excluding Physiology).

Preliminary Scientific Examination.

H. M. Woodcock, (1st Class Honours, with marks qualifying for Exhibition, in Zoology, and 3rd Class Honours in Botany), F. B. Dalglish and E. E. Moscop, 2nd Division, T. P. Puddicombe (Chemistry and Physics) completing the Examination.

UNIVERSITY OF DURHAM, SEPTEMBER, 1899.

Second Examination.

Anatomy, Physiology and Materia Medica.—T. C. Rutherford, S. D. Turner M.R.C.S., L.R.C.P.

CONJOINT BOARD, JULY, 1899.

First Examination.

Chemistry and Physics.—C. K. Attlee, H. S. Bennett, A. C. Birt, S. Carter, J. H. Chauncy, T. A. Chater, J. L. Gilks, J. W. F. Gillies, H. M. Gilmour, R. H. Hardwick, A. H. Hudson, E. L. Moss, R. J. C. Thompson, J. C. F. D. Vaughan, W. C. A. Ward, J. A. R. Wells, H. A. W. West.

Practical Pharmacy.—J. L. Gilks, B. E. Sansom, J. W. Simon, G. T. Stephens.

Elementary Biology.—J. H. Chauncy, R. H. Hardwick, R. B. Perkins, W. C. A. Ward, J. A. R. Wells.

Third Examination.

Medicine.—R. Alliot, E. W. Browne, *S. N. Chaudhuri, J. F. Cunningham, F. G. H. Edwards, *F. H. Ellis, *C. L. Hawkins, *W. N. Heard, *T. A. King, *A. E. Martin, H. G. Pinches.

Surgery.—F. M. Bingham, G. Black, *T. L. Braidwood, *S. N. Chaudhuri, H. H. R. Clarke, L. S. Dudgeon, *E. L. Forward, J. C. W. Graham, R. B. Kinloch, C. A. R. Nitch, *J. C. S. Oxley, A. E. Softly, Y. Takaki, *W. J. Waters.

Midwifery.—A. S. Arkle, H. R. Bateman, R. A. Brehm, F. C. Eve, E. V. Gostling, A. D. Jameson, R. B. Kinloch, H. M. Leathes, L. W. Light, T. B. Marshall, W. C. Mence, Z. Mennell, B. G. Patch, N. Pern, G. M. Smith, A. E. Softly, H. S. Stannus, C. V. White.

* These Gentlemen have completed the Final Examination.

St. Thomas's Hospital Gazette.

No. 8.

NOVEMBER, 1899.

VOL. IX.

En route for the front.

For the nonce Medical School rubbed shoulders with Empire when on Saturday, November 4th, Number 1 platform at Waterloo was crowded with students anxious to catch a last glimpse of and to give a parting cheer for Sir William MacCormac and Mr. Makins, who were on their way to join the *Briton* at Southampton for the Cape. Not only the students but the staff were in force and also many visitors. Long before the train was timed to leave, the platform was crowded. It was not an organised affair, no notice having been sent round, but the assembly was the result of the universal wish to pay a tribute to the departing surgeons, and was an emphatic assertion of the enthusiasm of the students. Everyone cannot be at the war, though nearly all would like to be to judge from the daily conversation, and the universal spirit of militarism finds an outlet in boisterous scenes at the departure of those lucky individuals who have actually left for the scene of the war. There were no uniforms nor bands, but black hats represented the flag, and there was a tremendous crush to get near Sir William and Mr. Makins for a last hand shake. Sir William was looking as magnificent as ever, and, as usual, towered above everyone else. No sooner did Mr. Makins appear than a rush was made by a crowd of students, and though vigorously protesting he was hoisted up and chaired in triumph the whole length of the long platform. It was too much even for Mr. Makins's usual imperturbability, and in response to yells for a speech he fervently implored the men not to make a fool of him. . . . but we won't betray his actual words. Escaping from the men and looking somewhat battered he gained his seat in the carriage with Sir William, which became the centre of attraction for an enormous crowd of students, staff, and other visitors who beguiled the time by shouting all the national songs, the National Anthem, mounting on to every coign of vantage, and yelling themselves hoarse in their enthusiasm. Cheers were given for everyone and groans for Mr. Kruger. At last the train moved off and it was over. Lady MacCormac and Mrs. Makins journeyed as far as Southampton. From Southampton Sir William sent a kindly telegram of thanks to the students.

Medical & Physical Society.

A NEW CONTRIBUTION TO THE ALCOHOL QUESTION.

THE opening meeting was held on October 12th, when a large audience assembled to hear Dr. Cullingworth read an unpublished address "On the Alcohol Habit considered from a new standpoint," by the late Sir William Roberts. Dr. Turney, the President, occupied the chair.

Dr. Cullingworth, before reading the paper, paid a warm tribute to Sir William Roberts. The address, though written some years ago, had, by the express desire of its author, remained unpublished, on the ground that the views enunciated might give rise to misconception. In deference, therefore, to the known wishes of the writer, we are only able to furnish an abstract.

The address commenced with a description of an imaginary visit of a Naturalist (who would be a finished Evolutionist) from Saturn to study the earth's fauna. Such a naturalist, from a study of man's intellectual superiority over all other animals, his longevity, his geographical distribution, &c., would come to the conclusion that man in every respect was the most successful terrestrial animal, and that in the struggle for existence he had distanced every competitor so immensely that the earth did not supply even a possible rival. The naturalist would then direct his attention to those secondary habits and customs and institutions of man, which, though they were not essential to life, constituted the means by which he rose from among the lower animals to his high position. Most of these customs, such as that of wearing clothes and so extending his geographical range, the use of fire and cooking, his aggregation in large towns, would be readily explained and would clearly help man in his upward progress. The visitor from Saturn would finally observe with unbounded astonishment that man had involved himself in a group of habits of a very peculiar kind, habits which had no parallel among the lower animals, namely, the habit of using certain restorative, stimulating, and narcotic substances, of which the chief were alcohol, tea, coffee, and tobacco, articles produced with infinite labour and at prodigious cost, consumed in enormous quantities, especially by the most advanced and successful portion of the human race. Not for a moment would he doubt that some great purpose of utility was to be traced to the habit of using these substances, but he would be extremely puzzled to explain their meaning and to understand what service they could render to man in the battle of life. It might therefore be easy for an enquirer coming from a distant planet to conclude that these substances, and especially their archetype, alcohol, were of some

important use to the human race; it would, however, be more difficult for us to take the matter so dispassionately. Assuming, then, a good as well as a bad side to the alcohol habit, the difficulty arises of deciding which is preponderant; the bad side is clear and distinct, and, so to speak, in personal contact with us, while the far larger and more important part of the good side touches the nation and the race rather than the individual. Hence attention has been concentrated on the evils which follow the intemperate use of alcohol and not on the effects arising from its moderate use, yet the latter must be out of all proportion the more important, considering that the temperate man must enormously outnumber the drunkard, and his welfare is of paramount importance from a national point of view.

Now of the effects of the intemperate use of alcohol we can judge pretty clearly from a comparatively small number of instances, but of the effects of its temperate use we are unable to judge except by a comparison of thousands of facts. We know that alcohol is a prolific cause of disease and death, yet when we search for any connection between the extent of the use of alcohol in a nation and the general death rate of that nation, no such connection can be traced. From a consideration of the death rates of various nations, it could almost be said that the nations that drink the most alcohol have the best death rate, though of course such a statement does not for a moment lead to the conclusion that the cause of the better death rate is the more abundant use of alcohol; still some of the examples are really remarkable. Take, for instance, Denmark which with a death rate of 18.5 is the best but one amongst the European nations, yet Denmark stands second on the list of nations that drink alcohol, being only exceeded by France; the Danes, moreover, drink alcohol in the most difficult form, that of distilled spirit. Belgium and Holland drink alcohol largely, yet have exceedingly good death rates. England stands fairly well in regard to the consumption per head of alcohol, and we have also an exceedingly good death rate. On the other hand, Spain, Austria, and Italy have high death rates, although their consumption of alcohol is less than that of the other countries named.

Take another fact. In the United Kingdom, in the septennial period from 1872 to 1878, there was great commercial prosperity, and the consumption of alcohol per head of the population ran up by nearly 25 per cent.; since then it has fallen to its old normal proportion of four gallons of proof spirit per head per annum. Now there was not the least sign of a raising of the death rate during that period of increased drinking; on the contrary, there commenced in that period a marked improvement in the national death rate, which improvement has gone on steadily until now. The

same statement could also be made in the case of Belgium, Holland, Switzerland, and North Germany.

These facts show that many circumstances must be taken into consideration to arrive at an accurate judgment of the effect of alcohol on the population. It is possible that there are compensations in the moderate use of alcohol for the loss of life from intemperance. It is quite conceivable that the moderate use of alcohol, especially in our colder countries, may give a little increased robustness to the constitution of our population, and it may possibly at times enable us to resist disease. We have been accustomed to look at only one side of the question. The confusion felt in trying to reconcile facts recorded in tables is nothing compared to the contradiction and paradox and perplexities which have to be faced in trying to decipher the subtle relation which the alcohol habit may have to the character, to the disposition, to the intellectual and moral status of individuals and families and nations. To get any reliable notions as to the effect of alcohol on a nation or race we must take into account not only the effect on the individual, but also the effect on his ancestry, and possibly on his ancestry for many generations. Now in our country it is impossible to get observations of persons who come of a non-alcoholic ancestry. The question must therefore be examined from the side of general and natural history.

The habit of using alcohol amongst the nations of Europe is enwoven with their daily life, and it may be described as a dietetic social habit. It is taken with meals or just after; it is universally present during re-unions of a social nature on all possible occasions. The quantity taken per day by temperate European people probably does not vary very much, and it may be estimated that adult men are in the habit of taking from three to four ounces of proof spirit, that is to say, from one and a half to two ounces of absolute alcohol daily, while women take probably less than half that quantity. Now the fact that people in this country and throughout Europe have been in the habit of taking for ages somewhere about an ounce or an ounce and a half of absolute alcohol every day helps us to realise to some degree how extremely important a habit it is. Again, in the United Kingdom we pay about one hundred millions a year for alcoholic liquors of all sorts. There are some two millions of our population whose subsistence depends upon the manufacture and distribution of alcoholic beverages; about two million acres are devoted to the cultivation of malting barley. On the continent about one-sixth of the cultivable land of Italy is devoted to the vine, about one-seventh of that of Spain, about one-tenth of France. These facts show that the alcoholic habit is not a trivial habit, but a habit of the very first importance, such a habit as

would be regarded by a naturalist or an ethnologist as likely to have a very important bearing on the fate and fortune of the communities concerned.

As regards the Teutonic race, the first notice we have of our German forefathers mentions their habit of indulging in alcoholic liquor. Now it is well known that these races have ever since gone on using alcohol rather unsparingly, and at the present moment they stand, as we fondly believe, in the very van of humanity, and try them by whatever test you like, they show a successful, an extremely successful race, and a race with the greatest promise in the future. Now is it possible to believe that a race with such a past and such a present, and even such a promise of a future, could all this time have been hugging an injurious and deadly habit which pervaded its daily life? Is it not very much more probable that the alcoholic habit of these Teutonic races, and the others that I have mentioned, was one of the factors which enabled them to attain to their eminence?

Again, among other nations: the Parsees of India are the only people in India who make use of alcohol. They were a fragment of the Persians who when the wave of Mohammedan conquest overcame Persia in the seventh century, declining to accept the yoke of Islam, retired into India, seeking refuge on the western coast, where they settled in the neighbourhood of Surat and Bombay. There they retained their ancient habits and clung to their ancient Zoroastrian religion. Though they number even at this day under a million, yet the Parsees have supplied most of the leading figures from among the natives of India.

The Jews again have used alcohol from the earliest antiquity, and though their numbers do not probably exceed five millions, yet it can scarcely be denied that for their number they have produced in past times, and produce still, more eminent men than almost any other race.

Now contrasting the history of the kindred of the Jews—the Arabs and other Mohammedan nations, it is noticeable that the puritanic religious revival which set in in the twelfth century, which was directed to a more strict observance of the Koranic rules, is simultaneous with the slipping of the dominion of Islamism from the hands of the Arabs to the hands of a more fanatical people, the Turks, Berbers and others, who established finally the Ottoman Empire. It is probable that from this epoch dates the more strict observance of the injunction of Mohammed respecting the use of alcohol; at any rate it is from this period that we date the distinct and steady declension of Islam. One other cause that would aid the deterioration must be the seclusion of women.

From this historical review two conclusions may be formulated ;

first that the European and Jewish races can and do attain the highest known health and the highest known mental power and material prosperity, and at the same time practise the alcohol habit; secondly, that kindred races which once followed this habit and afterwards relinquished it, have thereby not been prevented from falling from a fair eminence of culture and prosperity into a state of mental apathy and mental decay.

Arguments may be derived from natural selection and the survival of the fittest. Man is subject to the general laws which govern all animals, and like other creatures is involved in the struggle for existence; but among the higher races and especially in the European classes it is no longer a struggle for existence but a struggle for better existence, for success. Man has no doubt consciously or unconsciously shaped his habits in view of the best possible equipment for this battle of life, and if a habit helps him in this contest that habit tends to be preserved according to the usual law of natural selection. Now if the alcohol habit were on the whole an injurious one it is difficult to understand how it could have spread in the first instance, and it is also difficult to believe that there should not have been established by natural selection a non-alcoholic strain among mankind, but this is not the case, though there are plenty of natural teetotallers apart from pledged teetotallers. The existence in man of this desire for alcohol, and the pleasure of gratifying it, and the sense of enhanced well-being afterwards, are really the strongest *prima facie* evidence that alcohol is beneficial to man. The same applies of course to the taking of food.

If the fact be thoroughly grasped that the alcohol habit must on the whole be beneficial, then the drawbacks of the ugly side of the alcohol habit may be regarded aright. There are none, not even the most sacred of our institutions, which have not their ugly sides, but we do not propose to abolish those habits.

Temperance Societies are apt to gauge the good they do by the amount of alcohol per head which is drunk in this country, whereas we might be a paradise of temperance and sobriety and yet not drink any less as a nation than we actually do. The great good that these societies do is that they reinforce public opinion in favour of sobriety, and their good in this respect is incalculable.

Very great interest was aroused by the paper, though but little discussion followed, as it was felt that the arguments adduced were of such a nature as to necessitate considerable thought before any effectual attempt could be made to answer them. A hearty vote of thanks was accorded to Dr. Cullingworth for giving the Society the opportunity of hearing this suggestive and original address. A vote of thanks was also passed to Mr. H. T. D. Acland, the retiring Secretary.

A Clinical and Pathological Meeting was held on October 26th, Dr. Turney being in the chair. Sixty-two members were present. The following gentlemen showed cases:—

Mr. Ross.—A case of Hemiplegia and Periostitis due to Congenital Syphilis in a child of twelve.

Mr. Ellis.—Rheumatic Nodules, with Chorea and Endocarditis.

Mr. Taylor.—Pseudo-hypertrophic Muscular Paralysis.

Mr. Clarkson.—Double Congenital Dislocation of Hip.

Mr. Eve.—Myxoedema and Goitre in a girl of fifteen.

Mr. Nitch.—Dermatitis Exfoliativa.

Mr. Sargent.—Upward Dislocation of Foot, cast and skiagram.

Mr. Crompton.—Pes Cavus, following injury to spine.

Mr. Sawyer.—Microscope specimens of Blood from four kinds of Anæmia.

Mr. Glanville.—Large Epithelioma of Scalp, Tumour, slide, and photos.

Mr. Eve.—Obscure Cortical Lesion with Contracture of Arm and Leg.

Richard Mead, M.D.

(1673—1754.)

IF the subject of this Memoir, Dr. Richard Mead, was ever really described by his witty colleague, John Arbuthnot, as “*Mae(d)cenas Me(a)dicorum*,” it was a happy instance of the combination of sound and sense, jingle and justice. For of all the numerous scholars, men of letters, collectors, antiquarians and intellectual benefactors, whom we owe to a profession which has fostered the learned Linacre (described by his friend Erasmus as “*vir non exacti tantum sed severi judicii*”); the gentle Caius, that zealot of Universities; the genial, the ingenious Arbuthnot; the bibliophilic Askew; Freind, the Medical Annalist, the Ovidian Garth; Radcliffe, the founder of mighty libraries; and Watson, the last of the race of Grands Seigneurs de la Médecine—Mead stands pre-eminent as patron, collector, the friend of arts and letters, of artists and littérateurs, the stimulant and stimulator of men’s bodies and minds alike.

“Yes, ever renowned RICHARD MEAD! Thy *pharmacopœal* reputation is lost in the blaze of thy *bibliomaniacal* glory; Æsculapius may plant his herbal crown round thy brow, and Hygeia may scatter her cornucopia of roses at thy feet; but what are these things compared with the homage offered thee by the Gesners*,

*Conrad Gesner (1516-1565), author of *Bibliotheca Universalis*—a monument of Bibliography.

Baillets,† and Le Long‡ of old? What avail even the roseate blushes of thousands, whom thy medical skill may have snatched from a premature grave, compared with the life, vigour, animation and competition which thy example infused into the BOOK-WORLD ;”

Thus is the “High Court Galen” apostrophised by his bibliomaniacal brother, Dibdin.

Dr. Richard Mead, as we are told by the writer of the Memoir prefixed to the quarto edition of his works published in 1762, was descended from a “considerable” family in Buckinghamshire, and born at Stepney in August, 1673, so that he was thirty-one years younger than Sir I. Newton. His father, Matthew Mead, was a Nonconformist divine, but a conformist to the conventional custom of begetting a large family, of which Richard was the eleventh of thirteen children. Fortunately for his offspring, their father's finances enabled him to keep a private tutor in the house for their education.

We find Richard emerging from the hands of a brother Non-Juror, Mr. Singleton, passing in 1689 to the University of Utrecht, where Graevius dispensed History and Eloquence, and was preparing his mighty work, the *Thesaurus Antiquitatum Romanarum*. His father had already preceded him to Holland, bending before the storm of loyal prejudice directed against Dissenters. In 1692 he removed to Leyden to pursue medical studies, where he sat (perhaps side by side with the future Rector and great Humoral Pathologist of the University, Boerhave) at the feet of Archibald Pitcairn, the founder of the Mechanical Sect of Medicine, who, “having followed the fortunes of the exiled James, was for a short time professor of the practice of physic at Leyden,”§ and whose Éloge was spoken by Condorcet.

Mead's “Wanderjahre” were spent in Italy, where he visited Turin, Florence, and Padua, at which latter city he graduated “Philosophiæ et Medicinæ Doctor” in August, 1695. At Florence his antiquarian tastes already blossomed for research, spurred by curiosity, led to the re-discovery of the famous “Tabula Isiaca,” which Winckelmann speaks of as preserved at Turin in the cabinet of curiosities of the King of Sardinia, wherein the Egyptian Goddess Isis is figured, with wings springing from the hips and folded over the legs. Mead's biographer declares this antiquarian Find to rank with the service rendered by Tully to the Syracusans in identifying

†Adrien Baillet (b. 1649, Librarian to M. de Lamoignon, and author of *Jugemens des Scavans sur les princip. ouvr. des auteurs* (1685).

‡Jacques Le Long (1665-1721), author of *Bibliotheca Sacra*.

§Munk's Roll of the Royal College of Physicians.

the Tomb of Archimedes, but later science has declared these records to be spurious.||

In 1696 he settled down in practice at Stepney. In 1703, when only thirty years of age, he became F.R.S., of which Society he was elected Vice-President in 1707. His fellowship was due to the Analysis of Bonomo's letter to Redi on the genesis of the itch, and to his Account of Poisons. In 1707 Oxford confirmed his Paduan diploma of M.D., and the friendship of Radcliffe leading upon the latter's death to Mead's succession to his practice, established his title to be considered the head of his profession. Although a Whig himself he did not "give up to party what was meant for mankind," and when the Tory Freind was implicated in Atterbury's plot and lodged in the Tower, Mead paid him constant visits, and became one of the sureties to obtain his release. In the library of the College of Physicians is still preserved the gold truncheon or mace, into which, according to tradition, Mead caused to be converted the guineas received from Freind's patients during his captivity, this being the only form in which Freind could be induced to accept them. It was to Mead's stimulating suggestion that we owe Freind's *History of Physick from the time of Galen, in a Discourse written to Dr. Mead*. In his treatment of small-pox Mead fell foul of Dr. John Woodward, the Professor of Physic at Gresham College, and the climax of their enmity is said to have been reached in a duel which Vertue has depicted in his picture of Gresham College, wherein Mead is holding his sword-point at the breast of his adversary. For his Harveian oration in 1723 Mead chose as a subject the coins struck at Smyrna in honour of physicians—but the result of his antiquarian researches was impugned by the "learned and ingenious" Dr. Conyers Middleton, who none the less lived to panegyrisé Mead as "*artis medicæ decus*." Amongst men of letters Mead's reputation stood high. Warburton describes him as "A man to whom all people that pretend to letters ought to pay their tribute on account of his great eminence in them and patronage of them"; and Theobald acknowledges the assistance received from him in the preparation of his Shakespeare. Of the Edition of Thuanus, fostered by Mead, we speak later on. Pope was his friend as well as his patient, and alludes to Mead's Bibliomania in his IV. Epistle:—

"And books for Mead and butterflies (rarities) for Sloane." One of Mead's prescriptions for Pope was Asses' Milk. If that witty "Dunce," Colley Cibber, had only known this!

Richard Bentley, the scholar and truculent Master of Trinity, was another intimate friend of Mead, who was said to have been

||See Art. on Mead by Dr. Norman Moore in *Diet. of Nat. Biog.*

the only person who exercised any influence over him in later life.

Mead's copy of Nicander, edited by Gorraeus, which was given by him to Bentley, is preserved in the British Museum, with a Latin inscription to Mead, at whose instance Bentley revised the "*Theriaca*" of Neander.

Blackbourne, the editor of Bacon's works (4 vols. folio, 1730) dedicated the edition "to the Honoured Dr. Richard Mead, as a distinction to which you have the best title of any man now living," adding, "no Man understands the value of his works better than Yourself, and by cultivating the study of Philosophy in the way which he has chalk'd out, and making it subservient to the knowledge of *Physick*, you are arriv'd to that degree of Eminence you hold in your profession, in which (a happiness not common, and owing to your singular Humanity and Goodness) You have conquered even Envy itself." This confirms Dr. Johnson's opinion that no one enjoyed more of the broad sunshine of life than Dr. Mead.

He was thrice offered and thrice refused the Presidentship of the College of Physicians. His regular income from his profession was between £5,000 and £6,000 a year. He was twice married: by his first wife he had eight children, two of whom married Physicians-in-Ordinary to his Majesty, viz., Sir Edward Wilmot and Dr. Francis Nichols.

Dr. Robert Taylor, in his Harveian Oration in 1755, delivered (as the custom then was) in Latin, does homage to Mead's comprehensive patronage of the liberal arts.

Modern writers have confirmed the verdict of his contemporaries. Dr. Norman Moore thus sums up his professional and personal characteristics:—"He was a universal reader, but not a perfect observer in all directions. . . . His Natural History was that of a Londoner. . . . His life was an example of what Aristotle calls 'the magnificence befitting a great man'"; and Mr. Austin Dobson has declared that "Neither the princely Grolier nor the unparalleled Peirese could have made a more unselfish use of his possessions." Although I have made search and inquiry in all directions I have not been able to ascertain the existence of a book-plate of Richard Mead; but his motto "*Non sibi sed toti*" for open-handed generosity out-distances even Grolier's famous *devise* "*Io. Grolierii et Amicorum.*"

Mead was buried in the Temple Church, and an Inscription by Dr. Ward was placed by his son in the North Aisle of Westminster Abbey, recording his "*Bibliothecam lectissiman optimis et rarissimis libris, veterumque artium monumentis refertam, ubi eruditorum colloquiis labores levabat diurnos.*"

The College of Physicians possesses :—

A bust of Mead, by Roubiliac, executed at the expense of Dr. Antony Askew, (the sale of whose own library occupied nineteen days at Baker and Leigh's, York Street, Covent Garden, in February 1775), and presented by him to the College in Warwick Lane in 1756, with a Latin inscription. Roubiliac agreed to make this bust for £50; Askew was so pleased with it that he paid him £100, and Roubiliac then sent in a bill for £108. Dr. Askew paid this and forwarded the receipt to Hogarth to produce at the next meeting of Artists.

A fine portrait in oil, presented by Dr. C. Chauncey in 1759.

A portrait in profile, presented by Mrs. Pelham Warren in 1836.

A portrait presented by Dr. Bayford.

In Censors' room a miniature on ivory, presented by Sir W. Ferguson.

In the National Portrait Gallery is a large oil painting by Allan Ramsay, which, mezzo-tinted by R. Houston, forms the frontispiece to the quarto Edition of his works, Lond. 1762, and is here reproduced; it was also engraved in line by R. Baron, 1749, with Mead's arms at foot.

There is also a small engraving of Mead's monument, and a small outline engraving of A. Ramsay's portrait by Ramsey.

His library was at his house in Great Ormond Street, now the Hospital for Sick Children, and Dr. Norman Moore (Mead's biographer in the Dictionary of National Biography) has seen patients in the wainscotted room, which was once part of the library.

It consisted of 100,000 volumes, and realised by auction £5,499 4s. 5d.; his pictures sold for £3,417 11s., prints and drawings for £1,920, coins and medals £1,975 17s. 6d., and antiquities and other curiosities £3,245; making a grand total of £16,057 12s. 11d.

The impression produced upon contemporaries by the sale is attested by the number of priced catalogues in existence, to be found from time to time in second-hand shops, one of which is in the writer's possession.

The sale of the "Bibliotheca Meadiana" was conducted by Samuel Baker, York Street, Covent Garden, in two portions. The first was offered on Monday, the 18th November, 1754, and the sale lasted twenty-eight days, till December 19th. The second began on April 7th, 1755, and lasted twenty-eight days, till May 8th.

The pictures, prints and drawings were sold by Mr. Langford, in the Great Piazza, Covent Garden, in January and March, 1755, occupying together seventeen evenings.

The title-page of the catalogue, as befits the classical owner, is in Latin: The books are "Venales sub Hasta" (recalling Cicero's

statement that a spear was erected in the forum when goods were for sale by auction), with a motto from Euripides, "Taste requires the Sale."

The Octavos and Duodecimos are catalogued together on each day, separate from the Quartos and Folios; the states and bindings are described by Latin initials, C.R.—Corio Russico, *i.e.*, Russian Leather; F.D.—Foliis Deauratis, *i.e.*, Gilt edges.

ALBERT FORBES SIEVEKING, F.S.A.

The above article, with an excellent mezzotint portrait of Mead, appeared in Part XIII. of "Contributions towards a Dictionary of English Book-Collectors," and we are much indebted to the publisher, Mr. Bernard Quaritch, and to the author for permission to reprint it. A list of some of the more important and rare books in Mead's possession is appended to the article with the prices they realised at the great sale of his library. Mr. Sieveking's paper cannot fail to be of great interest to all St. Thomas's men and should be read in association with Dr. Payne's account of Mead in the *GAZETTE* of January, 1898, in which Mead is regarded rather from the aspect of his character as a man and as a physician of St. Thomas's Hospital. Mr. Sieveking in an interesting letter, adds the following remarks:—

"Nothing will give me greater pleasure than to allow the article to reappear in the Magazine of Mead's old Hospital, and no better fate could befall it than to be preserved thus to the past and present students of St. Thomas's. In it Mead is regarded almost exclusively as the Book Collector. Had it been otherwise, I should have liked to lay more stress upon him as an Art-lover, and amateur of painting and sculpture, in which respects he was no less remarkable, being of liberal tastes, and most accessible to new ideas in Art. There is every reason to believe that Antoine Watteau when on his first and last visit to England at the close of his short life of genius consulted Mead for the consumption which carried him off at the age of thirty-seven, and that Mead converted the patient into the friend and the physician into the patron, and became the possessor of two of Watteau's fine works. . . . Mead also possessed the famous miniature by Isaac Oliver of Sir Philip Sidney reposing in the Garden at Penshurst. I quote these instances to show the catholicity of his connoisseurship in painting; for the strange newness of Watteau's art and its melancholy gaiety to the elder generation of Englishmen in Mead's day must have been almost as difficult of acceptance as, let us say, Burne-Jones's 'Laus Veneris' was thirty years ago to the generation suckled on the creeds of Mulready and Maclise."

Hospital News.

MANY will remember the picture of Sir William MacCormac (entitled "Gunshot Wounds") which appeared some months ago in *Vanity Fair*. The original painting is by Leslie Ward ("Spy"),

and for this the proprietors ask twenty guineas. It is proposed to raise this sum by subscription among old and present members of College House, so that the painting may be purchased and hung up in College House as a memento. Subscriptions, limited to 5s., will be thankfully received by Dr. Box and Mr. Wallace, and acknowledged in the GAZETTE.

Mr. Marriage is acting as Demonstrator of Practical Surgery, Mr. Richardson having resigned the appointment on proceeding to South Africa.

We are glad to see that Mr. Shattock has been appointed permanent Editor of the Transactions of the Pathological Society. The Society is to be congratulated on its choice.

The following paragraph appeared in the *Daily Mail* of November 16th :—"English wounded prisoners at Pretoria will be well looked after by Drs. Frazer and Longinotto, both of St. Thomas's Hospital, who, foreseeing the need of their services, managed with great difficulty to obtain permission to remain behind."

The Physiological Laboratory has hitherto been rather lacking as regards opportunities for chemical work; an excellent chemical table with cupboards, etc., has however just been erected in the Lecturer's Room. The centrifuge, which is a particularly good one, has been fixed on a bed of concrete, as it has been found impossible to run it at its full speed on account of vibration.

A great improvement is being introduced in our methods of sterilizing dressings. Two Washington Lyon's sterilizers with steam exhaust are being fitted up in the sterilizing room (situated in the basement of the Hospital at one end of the Dispensary Workshop). The walls of the room will be plastered and painted, and all corners and angles rounded off. The window will be made flush with the wall. The air pressure of the room will be kept above atmospheric pressure by the Plenum System to prevent entry of dust.

The alterations in Block VIII. are rapidly approaching completion. The changes that have been made have been indicated in previous numbers of the GAZETTE; suffice it to say that the wards have been absolutely modernized. The importance of the change will be realized when it is known that the fittings and arrangements are similar to those of the City of London Ward. The wards will

be open in December, and then the other half of the block, comprising Job, Luke, William, and Henry Wards, will be treated in the same way.

Everyone is glad to see Mr. Clutton back again at work and looking very well after his long illness.

For the future the GAZETTE will be sent out in envelopes instead of wrappers, which necessitate creasing of the pages and which detract from the appearance of illustrations.

The Grainger prize has been awarded to Mr. F. C. Eve for his research on the relation of temperature to the functions of Nerve Cells and Nerve Fibres.

He was a very keen clinical clerk ; but when the physician said he would examine the fundus of a particular case, the clerk really shouldn't have said "*Shall I put the screens round, Sir ?*"

In addition to the men mentioned in the October GAZETTE as going out to South Africa as civil surgeons, we have to add Messrs. Stevens, Elliott, Pegg, and Hanwell. Mr. Catling has also gone as an X Ray specialist, and Mr. Blakiston and Mr. R. A. Mills-Roberts are acting as transport surgeons. Altogether no fewer than fourteen St. Thomas's men will have left England for the front since the outbreak of war.

The subscription from the Medical School for the *Daily Telegraph* War Fund amounted to the satisfactory sum of 775 shillings. The credit for this is due to the school porter, A. Mead (late 2nd Dragoon Guards and Heavy Camel Corps), who undertook the whole work of collecting the subscriptions.

In addition a subscription, limited to the Nursing Staff, amounted to £11. This was sent to the Mansion House Fund.

There will be several vacancies shortly among the nursing staff, as we are unfortunately losing several sisters. Miss Empson and Miss Walker are leaving Christian and Albert respectively. Miss James will no longer preside over the Commissariat of College House and perform the other mysterious duties of "Sister Louise," as she has been appointed Matron of Halifax Infirmary. The heartiest of good wishes to them all ! Owing to the alterations in the wards the surgical side has been a ward short for some months, and no new sister was appointed at Miss MacClure's departure. There will, therefore, be four new sisters in the near future,

In Memoriam.

C. A. ST. JOHN SCOTT, B.A.

WE deeply regret to have to announce the death, on November 11th, of Charles Arthur St. John Scott, of Tudor House, Camberley, Surrey. Mr. Scott graduated from Trinity College, Cambridge, in 1897. He passed the Second M.B. Examination in 1898, and joined St. Thomas's in October of the same year. He held the junior appointments in the Out-Patients' Department, and dressed in the Wards six months. It was while engaged in the heavy work of an Obstetric Clerk that our late fellow-student contracted the attack of pneumonia which proved fatal.

Mr. Scott had some reputation as a cricketer at Cambridge, and played several times in the Hospital team.

We beg to offer his friends sincere sympathy in their sorrow.

Football News.

RUGBY.

FIRST FIFTEEN v. RICHMOND.

Played at Richmond, October 14th. Although the score, 5 goals and 1 try to 3 tries, in favour of Richmond, indicates a somewhat decisive victory, the struggle itself was of a more level character than it indicates. This, combined with the fact that it was our first game, makes us hope for a great improvement on last year's form. It was early in the game when Harrison notched Richmond's first try, which Reynolds converted. This stimulated the Hospital team, and Hanbury, after good individual play, scored, Martin just failing at the kick. Just before half-time Royle scored again for Richmond, and Reynolds converting, gave Richmond the lead of two goals to one try. No sooner had we crossed over than Harwood scored a try, the place-kick failing. Richmond then scored three times in quick succession, Reynolds converting two out of three. This was followed by good forward play on both sides, but we seemed unable to score, and once again Richmond crossed our line, through Schwartz, after a strong and dodgy run. Just before time was called a grand forward rush on the part of the Hospital resulted in Thompson dashing over and scoring, the kick again

failing. Thus we were beaten by five goals and one try (28 points) to three tries (nine points). Forward the Hospital play was decidedly good, and it was refreshing to see them playing with dash and bustle. Martin and Thompson were especially brilliant, and though beaten at half Holland and Jameson did good defensive work.

Team—H. Wheelright (back), H. E. Norton, L. F. Hanbury, H. M. Harwood, and H. R. Bateman (three-quarter-backs), A. D. Jameson and E. T. Holland (half-backs), A. E. Martin, J. F. Cunningham, R. J. C. Thompson, T. W. Downes, E. W. Hedley, A. C. Hudson, G. H. Latham, and G. A. Weir (forwards).

FIRST FIFTEEN v. CAMBRIDGE UNIVERSITY.

This match was played at Cambridge on Wednesday, October 25th, and resulted in a decisive victory for the 'Varsity by four goals and seven tries to *nil*. Our forwards were quite out-classed, and consequently our backs never had a chance.

FIRST FIFTEEN v. KENSINGTON.

This match was played on November 4th at Wood Lane in drizzling rain and on soddened ground, which made good football impossible. The game was of a somewhat scrambling nature, and chiefly confined to the forwards. However, half-time arrived without either side scoring. After half-time our forwards went with more dash and gave the outsiders a chance. Hanbury, after two brilliant runs, scored twice, the first of which Thompson converted with a magnificent kick. Ten minutes from time the score looked all over, leading as we were by one goal one try to *nil*, but, not so. Kensington's forwards played hard and strong and our team seemed to fall to pieces. Two goals were scored against us in less than ten minutes, and we had to retire beaten when victory seemed well in our grasp. Let us hope that this will be a lesson to the team to play hard to the bitter end.

SECOND FIFTEEN v. GUY'S "A."

This match was played at Chiswick on Wednesday, October 25th, and resulted in a victory for our opponents by four goals and one try to one try. The game, in spite of the heavy score against us, was a good one, and on many occasions we ought to have scored but, at the critical moment, the ball was muddled. West scored the try for St. Thomas's.

SECOND FIFTEEN v. ST. GEORGE'S HOSPITAL "A."

Played at Chiswick on Saturday, October 28th, and resulted in a decisive victory for us by four goals and seven tries, or 41 points,

to *nil*. For once the "A" team turned out in full strength, and, playing well in every department, had matters all their own way.

SECOND FIFTEEN v. ST. BARTHOLOMEW'S "A."

Played at Chiswick on November 1st. After a well-contested game we had to acknowledge defeat by one goal and one penalty goal to *nil*. From start to finish the game was a good one, but our opponents were somewhat superior forward, and this fact gave them a well-earned victory.

SECOND FIFTEEN v. KENSINGTON "A."

We were at home to Kensington "A" at Chiswick on Saturday, November 4th, and after a good game we were beaten by two tries (10 points) to *nil*. The ground was sodden and the ball slippery, hence accurate passing was impossible. Footwork was the order of the day, and in this department we were somewhat weaker than our opponents.

ASSOCIATION.

FIRST ELEVEN v. SURBITON HILL.

First Round Surrey Senior Cup.

This match was played at Chiswick on Saturday, October 28th, and resulted in a win for Surbiton by seven goals to one (Henderson). Our side was very much handicapped by the loss of Bazalgette, who, just before half-time, slipped and dislocated his clavicle. This accounts for the number of goals scored against us, as, up to when the whistle blew for half-time, our opponents were only leading by two goals to one.

Team—Goal, O. Mills; backs, C. Wheen (captain) and S. Bazalgette; half-backs, G. D. Barton, T. Chater, and F. B. Dalglish; forwards, B. M. Sampson, T. B. Henderson, H. C. Williams, J. Irwin Lock, and H. W. Sherlock.

SECOND ELEVEN v. BARNES.

First Round Surrey Junior Cup.

Played at Chiswick on October 14th, and resulted, after a very fast game, in a win for us by two goals to one.

SECOND ELEVEN v. ELMS ATHLETIC.

Second Round Surrey Junior Cup.

Played at Barnes on October 28th. Owing to the First Eleven wanting several of our men, we were only able to put a weak team in the field, and therefore sustained a defeat by seven goals to one. The number of goals scored against us is accounted for by our men not being used to playing on a ploughed field. Hawkins, Badcock, and Mavrogardato were in great form.

Team—Goal, B. M. Dunstan ; backs, L. Badcock and A. Mavrogardato ; half-backs, C. L. Hawkins, F. Wright, and R. Raby ; forwards, W. Bennett, A. P. Bowdler, F. W. Smith, J. Hedley, and N. Sergeant.

SECOND ELEVEN *v.* CITY OF LONDON SCHOOL "A."

Played at Beckenham Hill on Saturday, October 21st, in a fog, and ended in an easy win for us by six goals to two.

Team—Goal, L. Perrin ; backs, A. Mavrogardato and F. Wright ; half-backs, F. B. Dalgleish, L. Craske, R. Raby ; forwards, J. Hedley, H. Bennett, A. P. Bowdler, F. B. Puddicombe, and J. N. Sergeant.

SECOND ELEVEN *v.* ST. MARY'S HOSPITAL "A."

Played at Chiswick on November 4th, and, after a very fast and exciting game, ended in a win for us by one goal to *nil*. Hawkins had very hard luck in not scoring two more goals, his play and shooting being grand. Chater as usual played a very hard and sound game.

Team—Goal, B. M. Dunstan ; backs, L. Badcock and A. Mavrogardato ; half-backs, F. B. Dalgleish, T. Chater (captain), and R. Raby ; forwards, F. Wright, C. L. Hawkins, A. P. Bowdler, F. W. Smith, and J. N. Sergeant.

United Hospitals' Hare and Hounds.

THE thirteenth Annual General Meeting of the above Club was held on October 21st at the Royal Forest Hotel, Chingford. It was unanimously decided to carry on the Club independently of the Lea Harriers, who wound up their Club this year, and with whom the Hospitals have run for the past thirteen years. It was also decided that the Novices' Prize Race, which was not run this year, should be turned into a Five Mile Handicap to be held on November 18th. The Treasurer then read the balance-sheet, and showed the Club to be in a fairly flourishing condition, and the Secretary read the fixture card for the season, which was agreed to. The following officers having been elected for this season, the proceedings terminated :—

President—L. A. Dunn, Esq., M.S.

Captain—T. C. Mills (Middlesex).

Hon. Treasurer—P. G. Easton (St. Mary's).

Hon. Secretary—R. S. Roper (Guy's).

Committee—F. Tulloch (St. Mary's) ; A. C. Birt (St. Thomas's) ; L. S. H. Glanville (Guy's) ; H. D. Cochrane (St. Thomas's).

St. Thomas's Hospital Cricket Club.

THE Annual General Meeting of the Cricket Club was held in the Medical Theatre on Wednesday, October 18th, Mr. Saunders in the chair. The only business transacted was the election of officers for the next season. The following gentlemen were chosen:—

President—G. H. Makins, Esq., F.R.C.S.

Captain—J. H. M. Whitehead.

Hon. Sec. and Treasurer—O. Mills.

Captain and Hon. Secretary, 2nd XI.—H. S. Singleton.

Committee—L. H. Badcock, T. B. Henderson, A. Mavrogordato, T. W. Paterson.

Correspondence.

To the Editor of ST. THOMAS'S HOSPITAL GAZETTE.

ST. JOHN'S COLLEGE,
CAMBRIDGE.

DEAR SIR,—

A Club has been formed of the old students of Mr. Beckton, the well-known Preliminary Medical Coach. Its object is to give his former pupils an opportunity of meeting at least once a year at the Annual Dinner (which it is proposed to hold in London), and thereby maintain friendships first begun whilst working with him. Already the scheme has been enthusiastically received, and promises to be well supported.

Being largely an Inter-Hospital Club, we trust that you will, through the medium of your columns, give it publicity, and thereby bring it under the notice of those past or present students who were former pupils of Mr. Beckton. To these full particulars will be given and a hearty welcome accorded by,

Yours truly,

H. J. GAUVAIN,

Hon. Sec.

Books for Review.

AIDS TO THE ANALYSIS OF FOODS AND DRUGS. By T. H. Pearn and C. G. Moor, M.A., F.C.S. Second Edition. Pp. 206. Price 3/6. (Messrs. Baillière, Tindall & Cox.)

Although this book is of modest dimensions it contains a large quantity of useful information relating to the analysis of the chief food stuffs and some of the more important preparations official in the British Pharmacopœia. The information is necessarily some-

what condensed, and the utility of the book consists chiefly in providing a useful summary of the recognised standards of quality and purity, and the processes employed for their determination. The descriptions of the manipulations are perhaps too brief, in some cases, except for those who have already had considerable experience in analytical chemistry. The book, however, should be distinctly useful to medical practitioners, who will find in it a succinct account of many substances having the highest importance in relation to their professional practice. These remarks apply with greater force to those holding appointments as Medical Officers of Health.

Fifty-five pages are devoted to Milk and food substances derived therefrom. The authors give a table of milk standards demanded by authorities in various parts of the world, and contend that those adopted by the Inland Revenue Department are too low and, by inference, tend to encourage the dilution of good average milk by dishonest tradesmen.

In addition to chapters dealing with other substances strictly included in the terms Food and Drugs, some space is devoted to Disinfectants, Oils and Fats, Soap, and Wine. These all comprise useful matter, and we only regret that the authors have not insisted more strongly upon the misplaced confidence which is popularly accorded to many of the so-called disinfectants in common use.

DIFFICULT DIGESTION DUE TO DISPLACEMENTS. By A. Symons Eccles, M.B. Pp. 138; Illustrations 27. Price 4/. Baillière, Tindall & Cox, 1899.

This work contains chapters on gastropexia, movable kidney, general enteropexia, and on prolapse of the sigmoid flexure, each topic being freely illustrated by cases drawn from the writer's own experience. As a clinical account of the various conditions described, Dr. Eccles' book is well worth reading, and it is to be hoped that it will, as its author hopes, have the effect of impressing the minds of others with the importance of these mechanical conditions in the production not only of disorders of digestion but of neurasthenic states. That this connection is not more widely recognised is a fact which has often to be deplored.

It must be owned that the problem is frequently a difficult one. The neurotic element which is rarely absent makes it necessary to accept the patient's statements with caution, but it should never be forgotten that neurosis itself may be the result of suffering. There is no doubt either that those of a neurotic temperament experience pain in consequence of deviations from the normal which would pass unnoticed in those of a different habit; but this is no argu-

ment for leaving those deviations untreated when treatment is possible.

Dr. Eccles' views on treatment are based on sound principles and in carrying them out he would appear to have met with much success.

THE PATHOLOGIST'S HANDBOOK. By T. N. Kelynack, M.D., M.R.C.P. Pp. 186. Price 4/6. (J. A. Churchill & Co.)

This is a small volume designed as a guide to post-mortem work. It is hard to find much to commend in the work. An account of how to perform a necropsy is certainly given, but even this leaves much to be desired. The great feature of the book is its wealth of illustration. Of the 126 illustrations given, 49 are pictures of post-mortem implements, many of which are quite superfluous. Morbid conditions of viscera are illustrated by 25 of the most indistinct figures we have ever seen in a book. The book is bound in pegamoid, so that the cover may be washed.

ANÆMIA AND SOME OF THE DISEASES OF THE BLOOD-FORMING ORGANS AND DUCTLESS GLANDS. By Byrom Bramwell, M.D. Pp. 450. (Messrs. Oliver and Boyd, Edinburgh.)

This book is not written with the intention of being a systematic treatise on the blood and its diseases. It deals especially with the primary anæmias, leucocythæmia, Hodgkin's disease, and the diseases of the ductless glands. In an introductory chapter the causation, classification and general symptoms of anæmia are considered, and to make the position clear the secondary anæmias are also classified. Purpura, hæmophilia, &c., are not considered. The author then proceeds to a systematic description of the above mentioned diseases in a way that commands the greatest admiration. The clinical descriptions are most masterly and such as are rarely met with. Medicine is so vast a subject nowadays that conciseness is necessarily aimed at, especially in text-books, and it is a real pleasure to read a monograph such as this in which, without the relation of any vast or far-reaching discoveries, a thorough and most interesting account of a few diseases is given. Abstracts of the author's cases illustrate most of the diseases in question. The description of Pernicious Anæmia is very good. In discussing the varieties of leucocythæmia Dr. Bramwell appears rather to question the existence of mixed types; we were under the impression that such mixed types were not so very uncommon, and certainly we have had examples in the wards of St. Thomas's. Especial praise must be given to the account of Addison's disease. The pathological sections are temperate and philosophical and the different theories are fully discussed. Altogether the work will well repay perusal, and is a model of what a monograph should be. It is well bound, and the type is excellent,

Examination News.

UNIVERSITY OF DURHAM, SEPTEMBER, 1899.

Third Examination.

Pathology, Medical Jurisprudence, and Public Health—F. C. Clarkson.

CONJOINT BOARD, OCTOBER, 1899.

First Examination.

Practical Pharmacy.—J. L. Tayler.

Second Examination.

Anatomy and Physiology.—C. J. Battle, R. H. Bridges, G. H. Latham, J. R. L. Woods.

Third Examination.

Medicine.—*H. H. R. Clarke, *L. S. Dudgeon, *B. Fawcett, *J. C. W. Graham, W. W. Halsted, *R. J. Harris, *P. L. Hope, *Y. Takaki.

Surgery.—*A. S. Arkle, E. V. Gostling, *G. I. T. Stewart, F. W. Twort.

Midwifery.—J. R. Clemens, J. Coates, T. H. Edwards, A. S. Grimwade, A. C. Haslam, W. T. Haydon, S. Hunt, J. W. Little, E. E. Semmence, D. D. Turner.

ROYAL COLLEGE OF PHYSICIANS, OCTOBER, 1899.

M.R.C.P.—E. F. Buzzard, E. Stainer.

* These Gentlemen have completed the Final Examination.

House Appointments.

The following gentlemen have been selected as House Officers from Tuesday, 5th December, 1899:—

House Physicians—

F. H. Ellis, B.A., M.B., B.C. Camb., L.R.C.P., M.R.C.S.; A. H. Greg, B.A., M.B., B.C., Cantab., L.R.C.P., M.R.C.S. (extension); A. Bevan, L.R.C.P., M.R.C.S. (extension); B. F. Howlett, L.R.C.P., M.R.C.S.

Assistant House Physicians—

H. R. Beale, L.R.C.P., M.R.C.S.; L. S. Dudgeon, L.R.C.P., M.R.C.S.

House Surgeons—

H. J. Phillips, L.R.C.P., M.R.C.S. (extension); P. W. G. Sargent, M.A., M.B., B.C. Camb., L.R.C.P., M.R.C.S. (extension); S. A. Lucas, L.R.C.P., M.R.C.S. (extension); H. T. D. Acland, L.R.C.P., M.R.C.S. (extension).

Assistant House Surgeons—

A. Webb Jones, L.R.C.P., M.R.C.S. (extension); E. A. Gates, L.R.C.P., M.R.C.S. (extension); E. C. Bourdas, L.R.C.P., M.R.C.S. (extension); N. Unsworth, L.R.C.P., M.R.C.S. (extension).

Obstetric House Physicians—

Senior—A. E. Stevens, M.B. Durham, L.R.C.P., M.R.C.S.

Junior—H. H. R. Clarke, L.R.C.P., M.R.C.S.

Ophthalmic House Surgeons—

Senior—T. Hoban, L.R.C.P., M.R.C.S.

Junior—J. A. Barnes, L.R.C.P., M.R.C.S.

Clinical Assistants in the Special Departments for Diseases of the

Throat—A. J. B. Adams, L.R.C.P., M.R.C.S.; J. H. Belfrage, M.B., Lond., L.R.C.P., M.R.C.S.

Skin—T. Perrin, L.R.C.P., M.R.C.S. (extension); Y. Takaki, L.R.C.P., M.R.C.S.

St. Thomas's Hospital Gazette.

No. 9.

DECEMBER, 1899.

VOL. IX.

Notes on the Campaign.

THE St. Thomas's contingent for South Africa numbers no fewer than 20 men, the majority of whom have already reached their various ports of disembarkation. Owing to the rigid Press censorship, it is not an easy matter to find out where they are, or what they are doing.

However, a few items which have escaped the eagle eye of the censor have been gathered from various sources, and may be of interest to friends at home.

St. Thomas's has always been well "to the front" whenever there has been a chance of surgical work in military operations, and has been represented in the four great Continental wars of the latter part of this century. The present contribution is much larger than any previous one, and speaks well for the Imperial and military instincts of our hospital. It includes a consulting surgeon, a member of the present staff, 8 old house officers, 9 old students, and one present student—a list we may all feel proud of.

Sir William MacCormac and Mr. Makins reached Cape Town on November 20th. Sir William visited the Wynberg Hospital, and approved of the arrangements there; after a week or so in Cape Town he left for Pietermaritzburg and has now proceeded to Frere.

Mr. R. Fox Symons is at Wynberg with No. 1 General Hospital. This is to be the principal base hospital for Natal as well as for Cape Colony, and can accommodate about 600 patients.

Mr. J. H. Pegg and Mr. S. L. Hanwell are with No. 2 General Hospital. This hospital went out in the *Kildonan Castle*, which arrived at Cape Town on November 22nd, and East London on November 26th.

Mr. S. W. F. Richardson and Mr. F. Pershouse are with No. 3 General Hospital. They went out in the *Servia*, and were landed in Cape Town; subsequently Mr. Richardson was detached and sent to Richmond Road Station (fifty miles south of De Aar). Mr. T. E. Stuart and Mr. J. E. Ker, of the Colonial Service, also went out in the same boat.

Mr. F. R. Martin and Mr. A. E. Elliott are with No. 4 General Hospital, which has recently arrived in South Africa.

Mr. A. E. Stevens went out with No. 5 General Hospital in the *Manchester Corporation*.

Mr. W. P. Purvis, of Southampton, is also going out with the

Southampton Hospital contingent. This is being sent out, with a staff of two surgeons, one sergeant, and twenty men, under Red Cross auspices. Its exact date of departure has not yet been fixed.

Mr. W. J. Waters is with No. 2 Hospital Train, the Belmont-De Aar section, and earned great praise for his work after the Belmont battle.

Mr. F. C. Blakiston and Mr. K. A. Mills-Roberts are acting as surgeons in charge of transport ships.

Mr. Catling, though not qualified, went out in the *British Princess* to assist in the Röntgen Ray work.

Mr. Wallace left Liverpool in the *Majestic* on the 13th as one of the surgeons to the Portland Hospital, which has been equipped by the generosity of the Portland family. Except for the medical and surgical staff, it will be exactly like a military hospital, and may be used either as part of a base hospital or as separate station hospital on the line of communication. Major Kilkelly will be in military command, and will superintend the commissariat and transport arrangements. Mr. Wallace received an enthusiastic send-off when he left the hospital on December 12th.

Messrs. A. C. Robinson and J. A. Barnes are leaving with the sixth or seventh divisions.

Nurse F. Russell, who has just completed her period of training, left on December 9th by the *Tantallon Castle* as one of the nurses to the Portland Hospital. Miss Strangman (Sister Victoria) goes out on December 23rd. Nurse Babb is one of the sisters in charge of a hospital train on the Western line of communications.

Among old St. Thomas's men serving in the R.A.M.C. are Majors Trevor and Butterworth on general duty in Natal; Major Addison, who is acting as Registrar and Secretary of General Hospital No. 2; Major Woodhouse, who is officer in charge of Sick Transport No. 1 (s.s. *Spartan*); and Major Moores, who was reported wounded in the Belmont action. Major Barker is also going out with the 6th Division Field Hospital.

On the Value of Preparations of Meat as Food.

THE proteid components of our food are under ordinary circumstances presented to us in a solid form. The proteids of cooked meat, and the proteids of farinaceous foods are for the most part coagulated during their preparation. By the action of digestive ferments these solid proteids are, more or less completely, brought into solution, and once digested they are, more or less completely and rapidly, absorbed by the mucous membrane of the stomach and intestines.

In those conditions, therefore, in which patients are unable to take solid food, the ordinary forms of proteid food are not available. Milk alone of the foodstuffs commonly accessible is left us; and though by giving milk we get our patients over one of their difficulties, the difficulty of masticating and swallowing solids; nevertheless, since the principal proteid of milk becomes insoluble cheese in the stomach, we are in this case too giving food that is not ready for immediate absorption; and the second difficulty, that of digesting the solid cheese and bringing it again into solution, has still to be overcome before absorption can take place, no less than is the case with coagulated meat or eggs. If, therefore, the sick man is not only unable to masticate and swallow solids, but also is not secreting proteolytic ferments, it is possible that even milk will not supply him with the proteid he requires.

It is, therefore, highly desirable to have at our disposal on emergency some form of proteid food, which is easily soluble in water and is not converted into a solid form in the stomach or intestines.

Now there is little doubt that any proteid which fulfils these conditions would satisfy our requirements. The old doctrine that the most important change effected by the digestive juices, the rationale of proteid digestion, is the conversion of indiffusible into diffusible proteids, does not stand a very close examination. For in the first place the diffusibility of albumoses and peptones is only a relative diffusibility: they are more diffusible than native albumins or albuminates, but none the less they are colloidal bodies with only a low degree of diffusibility. Again, though we may call a layer of living epithelium cells an "animal membrane" if we please, it is a great fallacy to argue that we may, therefore, extend to such an animal membrane all the properties we find to belong to the animal membranes commonly used for diffusion experiments, bits of pig's bladder, or calf's omentum, or what not. And then, lastly, it has been incontestably proved that for absorption of proteids from the intestine to take place, it is far from necessary that they should first assume the more diffusible form of albumose or peptone. If a loop of the intestine be washed with warm saline solution till all trace of pepsin and trypsin be removed, and then some solution of proteid, even egg-albumin or serum-globulin, caseinogen, myosin, or alkali albumin be introduced into it, and the whole loop with both ends tied be returned to the abdominal cavity, it is found that after four hours as much as 90 per cent. of these indiffusible proteids may have been absorbed, and under the conditions of the experiment must have been absorbed unchanged. It is true that if in such an experiment the proteid solution employed be one of albumoses or of peptones the proportion absorbed on an average of several experiments comes out higher than

it does when the less diffusible proteids are introduced, but still the experiments of several investigators show beyond doubt that too much stress used to be laid on the conversion by digestion of proteids into diffusible albumoses. The digestion of proteids is necessary only in so far as insoluble proteids are thereby converted into soluble. That at the same time proteids which are already in solution are also attacked by the over-zealous ferments is really a work of supererogation on their part. And clinical experience of the value of nutrient proteid enemata confirms this.

Any proteid therefore that can be administered in the form of a solution from which it will not be precipitated in an insoluble form in the stomach is suitable for administration to those patients whom we suppose incapable of dissolving solid proteids. Probably the cheapest and most accessible that could be devised would be the white of eggs snipped and beaten and then strained, so as to set free the proteid solution from the meshes of the insoluble keratinous material, which in the egg encloses it in a system of reticular pockets. Diluted with two volumes of water and a little salt the solution would still contain 4 per cent. of egg proteids, and even undiluted if free from the keratinous substance would be as easy to administer and to swallow as milk or fluid preparations of meat.

But with the absorption of egg-albumin or even of albumoses and peptones we have not yet done with them : they still have to be assimilated. It is well known that if not only egg-albumin, but even albumoses and peptones reach the blood, no kind of use can be made of them there ; they are hurried out of the blood-stream again by the kidneys as quickly as possible. But since the egg-albumin, which in the experiments mentioned above was absorbed from a washed loop of intestine unaltered, did not appear in the urine, any more than albumoses absorbed in the ordinary course of digestion are found in the urine, we must assume that, before the absorbed proteids are handed on to the blood for use in the tissues, they must be transformed by the epithelium cells, which absorb them, into forms of proteid, which are normal to the blood. Throughout the animal kingdom there is no such thing as the direct appropriation of proteid foods. We may speak of vegetable fibrin, vegetable casein, and so forth, but no vegetable proteid has any but a general family likeness to the proteids found in animals ; and when we say that plants synthesise proteids, whereas animals do not, all that we mean by this is, that while plants synthesise proteid from non-proteid molecules, animals synthesise proteids from the more or less recognisable *débris* of other proteids. The process must be synthetic in animals in the true sense of the word, no less than it is in plants. In all probability even the serum-albumin of another species would undergo reconstruction by the intestinal epithelium

before it was transmitted to the blood for use in the tissues. We know at any rate that the serum-albumins from different species differ from one another in their specific rotatory power (for instance, in the dog, serum-albumin gives $\alpha_D = -44$, in man $\alpha_D = -64$), and this indicates probably at least as great a difference between the various serum-albumins as exists between the eleven known stereochemical isomers of glucose. Now since of these eleven only three can be made use of by yeast for alcoholic fermentation, and it is not impossible that if pure yeast cultures were employed it would be found that the yeast cells which attack these three kinds of sugar belong to three distinct species, it is not unlikely that a difference between two serum-albumins no greater than that between glucose and a stereochemically isomeric but unfermentable sugar, may be sufficient to render the one which is not normally found in the blood of an animal useless for the nutrition of its cells. Then again the methods hitherto employed for inducing serum-albumin to crystallise have succeeded only with that of the horse and the dog. This probably may be interpreted as showing that the serum-albumin of different species is different, just as for similar reasons we say that the hæmoglobin of different species is different. And in the case of hæmoglobin this reasoning is sanctioned by other and less equivocal evidence.

But however it may be with serum-albumin, there is no doubt that the proteids taken up from the intestine under all ordinary conditions are entirely reconstructed before they are passed on into the blood, and according to the received view this reconstruction is effected by the epithelial cells of the intestinal mucous membrane. How great the call made upon the energy of the body in these synthetic processes is; whether the task of assimilation is a more exacting one than that of ferment-secretion; which of the two functions is more likely to fail in general constitutional disorders of the body; and whether, if the secretory functions fail in such derangements, it is likely that the assimilative powers of the mucous membrane will be maintained,—these are questions which bear directly on the value of prepared foods for the sick, but which we are not yet in a position to answer. But in giving to our patients proteid foods which are ready for absorption, though we may elude the necessity for digestion, we are not able to circumvent the difficulty of synthetic assimilation, a function which, maybe, is no less easily thrown out of action than that of mere digestion.

In the cases, therefore, in which there is reason to believe that the digestive glands are not working, though there is none for supposing that the whole absorbing surfaces are deranged, egg-albumin is no doubt a more rational food than milk, and albumoses than either, if albumoses are more quickly and easily absorbed than

true albumins, as experiment seems to show. But in those cases in which, from a general constitutional disorder, not specially focussed in the stomach or pancreas, it is argued that the general depression of the system is likely to have suspended the functions of these organs, there are the same grounds for arguing that the synthesising or assimilating functions are also likely to be in abeyance. And then in that case the only rational form of proteid food would be a solution of human serum proteids, a preparation which the resources and ingenuity of the purveyors of invalid foods may yet contrive to put on the market.

In the preparations already on the market the principal proteid constituent is, no doubt, some form of albumose. That pure form of peptone which Kühne prepared and described as a body emitting a peculiar and intensely nauseating odour, which resembled that of human vomit, is for obvious reasons not likely to be present in any large quantity in a saleable preparation. Now albumoses, according to most investigators, are capable of supplying the body with all its proteid requirements, though it is true that Voit is inclined not to allow them any more value than gelatine as a food, and thinks that though they can replace circulating proteid, they cannot replace tissue proteid.

But even if the value of albumoses must be limited in the sense in which Voit thinks it should be limited, their solubility and the rapidity with which they are absorbed must make them valuable additions to a fluid diet.

Many of the preparations of meat that are sold contain no proteids, and there is no positive evidence that the other constituents of meat can play an important part, in the amounts likely to be present, either as foods or drugs. Carbohydrates would doubtless generally be present in small amounts: in horseflesh as much as 5 parts in 1,000 are said to be dextrin, and glycogen is found in about the same amount in beef. Sapid substances, partly saline and partly organic, contribute to the value of broths by stimulating secretion. And lastly, the purin bases, most of which, in some degree, seem to be allied pharmacologically as well as chemically to caffeine, may produce some of the effects of small doses of this drug, though here positive proof is scanty.

J. B. LEATHES.

Medical & Physical Society.

A MEETING of the Medical and Physical Society was held on November 23rd, with Dr. Turney in the chair. A large audience assembled to hear Mr. Seligmann's paper, "Notes from Papua." The paper was illustrated by many excellent lantern slides, prepared

from photographs taken during the recent Cambridge Anthropological expedition to Torres Straits and New Guinea, in which Mr. Seligmann took part. In addition, there was a goodly collection of implements, ornaments, charms, etc., on view. As in great measure the lecture was descriptive of the life and manners of the natives as depicted in the lantern slides, and apart from them would be difficult to follow, we can only give a short abstract.

Mr. Seligmann commenced with a description of the Papuans, who were Oceanic negroes, with dark skin and frizzly hair, though here and there, and notably along the south-eastern coast of British New Guinea, the skin might be of a light *café-au-lait* colour, perhaps betokening a mixture of foreign (Malayo-Polynesian) blood. Here, too, the prevailing type of skull was brachycephalic, contrasting with the mesaticephalic population of the Papuan Gulf. The language of the light-coloured Motuans contained words which are found in present-day Malay, and is distinct both in structure and vocabulary from that spoken by the inland folk living in and near the Motuan villages. The inhabitants of Torres Straits were Papuans, without that admixture of Australian blood which had at times been claimed for them. The western tribe inhabited the islands of Mabuiag, Yam, Saibai, Nagi, and Murulug, the more frequented parts of the Straits. Murray Island, on which the eastern tribe lived, was near the northern end of the Great Barrier Reef, and was difficult of approach. Constant intercourse with pearl shellers and the presence of missionaries had considerably civilised them, and the younger generation were almost entirely ignorant of their tribal lore. On these islands it was scarcely possible to get a stone implement, and most of the natives had at least one steel knife. New Guinea, on the other hand, was still in the stone age.

There were no regular practitioners of medicine and surgery. The more uncommon, and to the natives incurable, diseases were commonly attributed to the action of charms employed by the *maidelaig* or sorcerer, and relief could only be obtained by paying these for counter-charms. Counter-irritation was a very general treatment for most diseases. At Hula in New Guinea a small bow and fixed arrow tipped with a fragment of stone or glass was used; this was repeatedly twanged against the painful part, a drop of blood being drawn at each stroke. Inland from Hula among the Sinaugolo tattooing was practised as a counter-irritant over rheumatoid joints, a disease very prevalent among the natives. At least three well-defined patterns were used, but unluckily it was not found possible to attach a meaning to these. In Torres Straits fragments of shell or quartz were used, and scarification was practised for æsthetic as well as medicinal purposes. Fractures were put up in splints made

of lengths of bamboo or the spathe of the inflorescence of the coconut. Dislocations were not reduced, but the formation of a false joint encouraged. Abscesses were sometimes opened. Charms played but a small part in the every-day treatment of disease and injury, though food taboos hedged on all sides the menstruous, pregnant, and puerperal woman.

At puberty, an elaborate seclusion ceremony, lasting from one to twelve weeks, was observed; in the house (Mabuiag), in the bush (Yam, Saibai), or on the sand beach (Murulug), the conditions in the last case closely resembling those imposed by the tribes of the neighbouring Australian coast.

The office of midwife was generally recognised, and among the western tribe of Torres Straits there were two in each community. An ethical code existed governing their relations to each other and to their patient.

Child-birth took place in the bush, and the cord was cut without preliminary tying or rolling. The after-birth was generally buried where the child was born and the stump of the cord was most carefully preserved, and to some extent its fate was supposed to be interwoven with that of the child, at any rate during the earlier years of life. Folk-lore parallels were then considered, and Mr. Seligmann was of opinion that here possibly could be recognised a rudimentary or perhaps degenerate form of external or twin soul.

Among the complications attending labour, retained placenta was alone recognised; as a rule, the woman was massaged and sent into the sea with the hope of relief—at Saibai, however, manual extraction was attempted. This was done by the patient's sister, the midwife not venturing to undertake the operation, as it was feared that the bond of the common tribal blood might not be sufficiently strong to prevent a blood feud should the patient die under treatment.

A Clinical and Pathological Meeting was held on November 30th, Dr. Colman being in the chair, owing to the absence of Dr. Turney through indisposition. The following gentlemen showed cases:—

Dr. Colman.—An Idiot of the Mongolian type.

Mr. Jones.—Cretinoid girl.

Mr. Hawkins.—Cretinoid child, aet. 19.

Mr. Eve.—Pseudohypertrophic Muscular Atrophy.

Mr. Clarke.—Brother of above.

Mr. Beane.—Torticollis.

Mr. Hedley.—Angio-Neurotic Œdema.

Mr. Black.—Aphasia.

Mr. Thorp.—Anterior Polio-myelitis, aet. 50.

Mr. F. C. Abbott.—Pes Planus (extreme).

Mr. Phillips.—Syphilitic Disease of Hip-joint.

Congenital forward Dislocation of Hip.

Correspondence.

THE ALCOHOL HABIT : A REPLY.

To the Editor of ST. THOMAS'S HOSPITAL GAZETTE.

DEAR SIR,—

The abstract of the posthumous paper of Sir William Roberts, which was read before the Medical and Physical Society on October 12th, 1899, is of great interest and importance. His remarks deserve close examination, not only because they reveal the views of one so eminent in his profession, but also because, if these views are correct, they strike at the root of the great movement of the present century, known as the Temperance Movement, the partial success of which has brought happiness and prosperity into so many thousands of English-speaking homes all the world over.

Having read a paper in favour of total abstinence before the very same society more than thirty-two years ago, when a student at St. Thomas's Hospital, and having been a total abstainer ever since, and devoted a large part of my time to the study and propagation of this principle and practice, I was deeply interested in reading this paper, and am anxious that the other side of the matter should be put before the same audience. *Audi alteram partem.*

In the first place, I am quite one with Sir William in thinking that the "visitor from Saturn" would be very much astonished indeed to observe the drinking habits of the people of this planet, and I cannot help thinking that his astonishment would be all the greater at observing that so many great and good men, even leaders of the profession which is supposed to teach the rest what to eat, drink, and avoid, should encourage them in the use of a class of drinks, the disuse of which would result, in the words of the late Professor Parkes of Netley, in the disappearance of half the sin and a large part of the poverty and unhappiness in the world. It seems to me that such a possible result should determine everyone who has the smallest spark of enthusiasm for humanity to do all he can to secure it.

But our Saturnine visitor is supposed to note that these habits had "no parallel among the lower animals," and a very great deal hinges on this. For the fact that, speaking generally, mankind has a desire for alcohol, and pleasure in gratifying it, and thinks he is all the better for it, is, in the opinion of Sir W. Roberts, "the

strongest *primâ facie* evidence" (and the gist of his argument) "that alcohol is beneficial to man.'

I suppose it will be admitted that alcohol is totally unnecessary to all the lower animals. There is no provision of Nature to supply alcohol to the lower creation, nor, for the matter of that, to the human animal either. These liquids (as beverages) are all artificial or manufactured beverages. It follows, therefore, that it is the possession of reason or inventive faculty which has enabled man to make these beverages.

I remark, then, that the fact that so many millions of human beings have acquired the taste for alcoholic beverages, and formed the habit of drinking them, does not prove that these are either necessary or beneficial, because the very same taste and the very same habit can be, and has often been, acquired by many species of the lower animals, as horses, dogs, pigs, elephants, monkeys, etc. The only difference is that these animals cannot make these beverages, but are dependent on man for their supply.

Hence, if pleasure, habit, and desire indicate utility, the lower animals must need alcohol quite as much as human beings. But if it is not necessary or desirable for them (as all admit), then this "strongest *primâ facie* evidence" of its benefit to man is no evidence at all, and the whole argument fails in its strongest point.

It is very certain that human (and animal) nature is prone to take drugs which affect the nervous system, but it must be noted that these have very different actions. Some, as tea and coffee, are true stimulants, causing excitement and wakefulness; others are narcotic, as opium and alcohol. It is obvious that these two kinds of drugs are not interchangeable, and do not answer the same purpose. The desire or craving for these things varies in intensity, but is acquired as a result of custom. But I suppose it is perfectly clear to all of us that opium is not necessary for the proper performance of work, while the consumers of opium are equally convinced that alcohol is not required. The fact is that any of these drugs, and others, such as tobacco, hashish, etc., soon so act upon the nervous system as to cause a more or less uneasy sensation if the customary drug is abstained from. The person feels all right again as soon as the drug is taken, and so is more and more convinced by the experience of his feelings that the drug "does him good." The abstainer from that particular drug cannot convince him to the contrary, but may himself be just as much under the spell of some other drug. The only free man is he who abstains from all, and will not be brought under the power of any.

It seems to me that the habit of taking alcoholic liquors, and some other narcotics, the habit of smoking, snuffing, and chewing, have

one element in common, which is the most probable cause of their wide-spread practice. They all irritate more or less, and in different degrees and ways, one or more branches of the fifth nerve. There are many habits which have this for their origin. Some other sensory nerves also call out for periodical irritation. Animals as well as man find pleasure or satisfaction by such titillations. Cats and dogs, etc., love to have their heads scratched; animals like warmth, or gentle stroking. Human beings like many things which irritate the mouth or throat; a crave for ginger and other spices or aromatics is soon acquired; hot liquids are craved by most, and some acquire a desire to take them hotter as time goes on. I believe the sensations which alcoholic drink causes in the mouth, throat, and gullet are more frequently the cause why they are desired than the mere flavour. Some are at length not satisfied unless they drink neat spirits. Smoke irritates the mouth, throat, and nares, and the demand for its repetition becomes imperious. Gum and betel chewing have the same origin.

My argument is that this crave for the irritation of certain nerves, of which there are several varieties, is created by chance or the various customs of different countries, and has nothing whatever to do with any real need of the system, nor is there any real gain through their gratification. The proof of utility is lacking, because no one custom is universal, and there are very large numbers who are practically free from all, but in no wise fall short (other things being the same); while, on the other hand, any individual (or animal) can have this desire, and sense of satisfaction, created for any of these drugs by the simple process of taking to the use of them.

Of course, if the allaying of an uneasy sensation were the sole result of taking alcohol, or any other drug, it would be a matter of no importance; but the objection to alcohol is that it has other chemical and vital actions: that it produces progressive paralysis (Lauder Brunton) of the judgment and voluntary control of thoughts, words, and actions, and is therefore essentially an anti-temperance drug; that the individual affected is rendered less conscious of the effect which it has upon him, and while he is less capable of performing quickly and correctly certain pre-arranged movements, less able to discriminate and less prompt in decision (while under its influence), he thinks he can do all these more quickly and easily than before (Kraepelin). Truly saith the Book: "Wine is a mocker, and he who is deceived thereby is not wise."

But Sir William Roberts falls into other astonishing errors. He compares the death-rate of nations, and because this does not tally with the amount of alcohol taken per head of the population we are asked to believe that alcohol does not tend to increase it, perhaps

even diminishes it. The reply is simple. Alcohol is only one of many causes which affect the death-rate, and one can hardly understand a man of science being deluded by such a transparent fallacy.

But we are pointed to the fact that the death-rate of the United Kingdom does not rise or fall *pari passu* with the consumption of alcohol. Here, again, I must use the same argument. The causes of the rise and fall of the death-rate are numerous and sometimes obscure. Seasons, commercial prosperity, epidemics, sanitary laws, etc., all have their influence, as well as the habits of the people, of which the use of alcohol is only one. There has been no such great difference in the amount of alcohol consumed per head as must necessarily override the effect of all other causes of variation. If one really wants to know the effect of alcohol in this direction one must compare a sufficient number of those who abstain with those who do not, all other circumstances being as nearly as possible the same. This has been done, and for more than thirty years in one of our largest insurance offices (the United Kingdom Temperance and General Provident Institution) the effect has been observed on some fifty thousand abstainers and moderate drinkers, all picked lives of the same class, and it has been found that the average death-rate of the general section (non-abstainers) has been 96 per cent. of the calculated death-rate, while in the temperance section the actual death-rate has only been 70 per cent. of the expected. Many and many attempts have been made to break the tremendous force of this argument, but all in vain I am quite prepared to admit that the alcoholic habit of the nations is not a trivial one. I do not wish to hide from the facts—they must be faced. It is, rather, because it is so tremendous a factor in national life and morality that I urge a drastic and infallible remedy. But Sir William Roberts again falls into the same fallacy. He urges that nations have consumed alcohol for centuries, that some of the foremost do so still, and that some who do not have fallen behind, as though the consumption of alcohol were the only factor in the prosperity of nations! With all my convictions of the value of total abstinence, I have never ventured to suggest that this would be the panacea for every evil either in the individual or the State. If a teetotaler will break other laws of health he will have to take the consequences. But accident insurance offices tell us that abstainers meet with fewer accidents, and, if they do, recover more quickly, so they give them the benefit of a lower premium.

The habit of taking alcohol, because it is a habit, is taken for granted as a proof of its benefit. It is pure assumption. Native races, e.g., the Maories and North American Indians, have been found having the finest physical development and drinking no

alcoholic liquor. The introduction of alcohol has had a terribly deteriorating effect, and simply proves the seductive influence of the tempting liquor. Mohammedan nations may not be all one could wish, but when they take to drinking alcohol, they descend in the scale of civilisation. Almost any fad could be proved by Sir William's method.

Finally, when we trace accurately the influence of alcohol on individuals, we see that it does not improve them in any particular; the benefits are imaginary, the injury real, but not always recognised. There is no absolute and clear line of demarcation between an innocent amount (if any) and one that is harmful. To expect that mankind can take alcohol without producing more or less intoxication is the vainest of vain hopes. Total abstinence is a rule of conduct which everybody can understand and practise if they have sufficient pluck. After thirty-five years' personal experience of it I am more convinced than ever that it is to my personal advantage to abstain from alcohol and all other narcotics, and I look to the rising generation of medical men to free themselves from the alcoholic habit and resolve to take their stand with those who are seeking in the most practical way to deliver the nation from its greatest removable curse.

Yours faithfully,

J. J. RIDGE

(Hon. Sec. British Medical Temperance Association; formerly H.S. St. Thomas's Hospital).

[As a matter of fairness, we willingly insert the above letter. We cannot, however, continue the correspondence, especially as the author of the paper is no longer alive and is therefore unable to defend his views, and as he was known to have been strongly averse to taking part in such controversies during his life-time. Any of our readers who care to know Sir William Roberts's latest views on the subject, will find them set forth in his admirable appendix to the Report of the Opium Commission. This appendix was reprinted in the last edition of his collected contributions on digestion and diet, a copy of which will be found in the hospital library.—*Ed.*]

General Meeting of the Students' Club.

The Annual General Meeting of the Students' Club was held in the Medical Theatre on November 30th. Dr. Turney occupied the chair, in the absence of Mr. Makins. The minutes of the last meeting were read and confirmed, and then members of the committee were chosen for the current year. The retiring representative, Mr. H. T. D. Acland, was elected auditor and the remaining representatives of last year's committee were each re-

electd for the year senior to the one he represented last year, so that we have Mr. H. R. Bateman for the fifth year, Mr. J. J. Armitage for the fourth, Mr. S. Bazalgette for the third, and Mr. A. C. Birt was elected to represent the second year. The officers are the President, Mr. Makins; Treasurer, Mr. Rendle; and the Secretary, Mr. Saunders.

Remarks were then invited by the Chairman, amid a small buzz of excitement from a crowd of students huddled as is their wont in the remotest tiers of seats. There were a few complaints of the usual type. One member was distressed at the state of the chessmen, while another lamented the condition of the club carpets. We missed the old one of "Special joints for the staff" this year, and we waited in vain to hear of the miscreant who threw cigarette ends and ashes on the floor, but he has evidently faded into the limbo of the past—killed, doubtless, by the weight of public opinion. However, the caterer's misdeeds are a sempiternal theme, and to thwart them a new scheme was propounded. It will be remembered that last year a committee of three was elected (Messrs. Twort, Graham, and Braidwood), and Mr. Twort claimed that their charges had been proved up to the hilt. In order that any complaint may be promptly dealt with, a new suggestion of the Dean's was brought before the meeting. This was to the effect that a composite Body should be formed consisting of three brigades—the first including any member of the staff, lecturer, demonstrator, or registrar, who might at any moment be in the club; the second comprising the present members of the committee; and the third to consist of three members specially elected for the purpose. The working of the new machinery, though not yet absolutely decided, is to be, roughly, that any student detecting a nefarious attempt on the part of the caterer to palm off, *e.g.*, a too diminutive pat of butter (oh! those pats of butter!), or to serve inferior or improperly cooked food, might lay his complaint before any of the Body, who should then and there demand redress from the caterer, having first satisfied themselves that there was ground for complaint, and then make a formal report to the Secretary. Probably two members of the Body will be necessary to form a quorum, not drawn, however, from the same brigade. The meeting did not pass much criticism on the new proposal, but seemed to view it with a certain amount of august approval; so the Chairman proceeded to devote his attention to the apparently simple problem of electing three students, who would form the third brigade of the Body. For a time no one was proposed, but presently someone proposed somebody else, and the meeting then took heart; each member becoming convinced in his own mind that no one was so calculated to serve the interests of the students as his immediate neighbour, promptly proposed him, and the list of proposed members grew with such rapidity that it became evident that the third brigade of the Body would at that rate soon comprise everyone present; so the Chairman, with great tact, dissolved the meeting, and since then votes have been recorded, and as the result Messrs. T. W. H. Downes, R. Raby, and T. W. Twort have been elected.

The full details of the scheme have yet to be worked out, but we think it promises to be the most businesslike attempt to meet the desires of the students, and to deal with any irregularities, that has so far been propounded.

Hospital News.

With this number the Editor who has ruled over the GAZETTE for the past three years regretfully takes leave of it in that capacity, and avails himself of this last opportunity to thank the many friends whose assistance has been so readily accorded him. The lot of an Editor is not always an enviable one, but it is astonishing how much kind help is at his disposal for the asking, often without the asking, often too from absolute strangers. It is difficult to estimate the good the GAZETTE does, but it must do some; and as large numbers of old students subscribe, it must help to keep up their interest in the old hospital. It has now existed without a break for nine years, and in that time has only known two editors; but fresh blood is a good thing, and it is the earnest hope of the retiring Editor that the GAZETTE may flourish more and more, and that it may uphold the traditions of the hospital. He wishes the new Editor every success.

Mr. Marriage is acting as Resident Assistant Surgeon in Mr. Wallace's absence.

We congratulate Dr. A. W. Sikes and Mr. E. M. Corner, who have been recommended for election as Medical Registrar and Surgical Registrar respectively.

The changes in one half of Block VIII. are now complete, and the hospital may well be proud of its new wards. Few people ever visit Block VIII., but inasmuch as the isolation, diphtheria, and erysipelas wards are situated there, it is particularly important that it should be up to-date in every detail. It is gratifying, too, that a part of the hospital which is away from the public ken, and which, too, is seldom seen by the visiting staff, should be beyond reproach. The Registrars' room has, among other improvements, been fitted up liberally with the electric light, a boon for which they are very thankful.

A week or so ago some wags bandaged the statues in the Central Hall, using up quite a large number of bandages in their zeal. It was a harmless amusement, and doubtless afforded them intense gratification. It is not, however, a new idea, for on one occasion the statue of Sir Robert Clayton (in the school quadrangle) was carefully bandaged from head to foot.

Dr. Patrick Manson's address on Filariasis to the Medical and Physical Society on December 7th was attended by a large audience, and was highly appreciated. The lecture was illustrated by lantern slides and some beautiful microscope specimens. This was the last meeting of the society before the Christmas holidays, the next being on January 18th, when Dr. Perkins will read a paper on "The Out-door Treatment of Phthisis." Dr. Colman's paper of November 9th, on "Æsculapius and his Temple," was also illustrated by lantern slides, and is to be reprinted in the forthcoming volume of Hospital Reports.

The five miles handicap of the United Hospitals Hare and Hounds was won by A. C. Birt. There were fourteen starters, and the time allowances ranged up to 4½ minutes, Birt receiving 35 seconds and coming in first by 32 seconds. The second prize was won by the scratch man, Mills of Middlesex. One other St. Thomas's man—Cochrane—also ran.

Owing to his appointment as Civil Surgeon for the Cape, A. E. Stevens has resigned his obstetric appointment, and G. B. Thwaites has been appointed in his stead, becoming at once the Senior Obstetric House Physician.

The efforts of our Association First Eleven have so far resulted in two matches played, both being lost. That, however, is the fortune of war. But they have also scratched no fewer than six matches, owing in great measure to the fact that men put their names down and then scratch at the last moment. Three out of the six matches were Wednesday matches, and perhaps it is more difficult to raise a team for that day than for Saturday; but that is no new difficulty, and it would be better in future not to arrange matches for the middle of the week. The weather may have accounted for something, but at any rate there was no frost, and we believe we are right in saying that all the six matches were scratched by our team. The fixtures ought to be played even at some self-sacrifice, for it is a pity for our hospital with its great football traditions to become a bye-word for slackness. The cup ties, moreover, are looming ahead.

We are glad to see that Mr. Shattock has been appointed External Examiner in Pathology to Victoria University.

We print elsewhere a list of subscriptions already received towards the purchase of the painting of Sir William MacCormac alluded to in the last number. Dr. Box will be glad to receive subscriptions (of five shillings) from any old members of College House who have not yet subscribed, so that the list may be closed.

Several new Sisters are to be congratulated on their appointments:—Miss Shebbeare as Sister Alexandra, Miss Taylor as Sister Christian, Miss T. Russell as Theatre Sister (succeeding Miss Taylor), and Miss Bevan as Sister Albert. Miss Longton has left Arthur, mid universal regrets, for the post of Night Superintendent.

Football News.

RUGBY.

FIRST FIFTEEN v. BEDFORD.

Played on Saturday, November 11th, at Bedford. The Hospital team was weakened by the absence of several of the regular players. Winning the toss, we kicked off with a strong wind in our favour. Play at once settled down in the home team's territory, but it was not till the close of the first half that Norton, following up one of his own kicks, scored a try, which Thompson failed to convert. In the second half, notwithstanding the strong wind in the home team's favour, we more than held our own and continued to press, the forwards doing good work. Five minutes before time Swallow intercepted a bad pass among the forwards and scored a lucky try; this was, however, not converted, and ended in a draw, each side scoring three points.

FIRST FIFTEEN v. ROSSLYN PARK.

Played at Chiswick on Saturday, November 18th. The Hospital kicked off, and the ball was badly returned; this enabled us to attack, and some good passing amongst the three-quarters enabled Holland to secure a try, which Thompson failed to improve. The ball had hardly been set in motion for the second time when Hanbury got behind. Thompson, with a grand kick, registered the premier points. Both these items were obtained within a few minutes from the start. Rosslyn Park now played with great vigour, but our tackling was good; however, we continued to hold our own. Thompson adding a further try, which the same artist failed to convert. Half-time now arrived, the margin in our favour being 11 points. It was evident in the second half that the Park team was by no means done with and very soon S. T. Swaby registered his side with a try, Pooley failing at the kick. Hard play was now the order of the game, and our opponents were game to the last; however, no further score resulted. The Hospital winning a well-earned victory by 11 points to 3.

Team—C. M. Bernays (back); L. F. Hanbury, H. M. Harwood, H. R. Bateman, and H. E. Norton (three-quarter-backs); A. D. Jameson and E. T. Holland (half-backs); A. E. Martin, R. J. C. Thompson, E. W. Hedley, T. W. H. Downes, J. F. Cunningham, G. A. Weir, A. C. Hudson, H. S. Sington (forwards).

FIRST FIFTEEN v. R.I.E.C.

Played at Cooper's Hill on Wednesday, November 22nd, and we have again to record the lamentable fact that no fewer than six of our regular team refused to play. Beaten forward, our backs never had a chance, and we had to own defeat by the big margin of 21 points to *nil*.

Team—B. Patch (back); L. F. Hanbury, H. R. Bateman, H. E. Norton and R. H. Bridges (three-quarter-backs); A. D. Jameson and E. T. Holland (half-backs); J. Glasgow, J. Oxley, S. H. Sington, T. Downes, C. G. Seymour, T. L. Taylor, G. A. Weir, and A. C. Hudson (forwards).

GUY'S AND ST. THOMAS'S v. BLACKHEATH.

At Blackheath, on December 2nd. The combined teams, after a hard, fast game, had to retire beaten by 19 points to *nil*. Forward there was little to choose, but outside we were conspicuously outclassed. For the Hospital, Patch at back, and Thomas, Manson, and Trail forward, played a hard game.

Team—B. Patch (back); L. F. Hanbury, F. Sime, H. Morgan, and J. O'Brien (three-quarter-backs); A. D. Jameson and L. Pye-Smith (half-backs); R. C. Mullins, T. P. Thomas, D. H. Trail, P. Manson, R. J. C. Thompson, A. E. Martin, G. A. Weir, and T. Trubshaw (forwards).

FIRST FIFTEEN v. SANDHURST.

This match was to have been played on Saturday, December 9th; but on arriving at our destination we found that the frost had so hardened the ground that play was out of the question.

ASSOCIATION.

SECOND ELEVEN v. OLD CRANLEIGHANS' SECOND ELEVEN.

Played at Chiswick on Saturday, November 18th, and ended in a victory for the Old Boys by three goals to *nil*.

Team—Goal, B. M. Dunstan ; backs, L. Badcock, A. Mavrogardato ; half-backs, T. Patterson, T. Chater, Fielding ; forwards, R. H. Bridges, Bowdler, Dunkley, C. Craske, N. Sergeant.

SECOND ELEVEN *v.* EVERSLEIGH "B."

Played at Chiswick. We were only able to put a weak team in the field, but were able to beat our opponents, who came down with only ten men, by two goals (Hawkins and Smith) to one.

Team—Goal, B. M. Dunstan ; backs, L. Badcock, C. J. Battle ; half-backs, F. B. Dalgleish, T. Chater, R. Ruby ; forwards, J. Hedley, C. L. Hawkins, N. Sergeant, N. Bennett, F. W. Smith.

SECOND ELEVEN *v.* KENSINGTON.

Played at Chiswick on Saturday, December 2nd. After a very pleasant and fast game we won by four goals to one. Our goals were scored by Sherlock (2) and Hawkins (2). The forwards combined well together, and all round the team showed great improvement. Chater and Badcock were the pick of our side.

Team—Goal, B. M. Dunstan ; backs, L. Badcock, A. Mavrogardato ; half-backs, F. B. Dalgleish, T. Chater, R. Ruby ; forwards, J. Hedley, C. L. Hawkins, H. Sherlock, F. W. Smith, H. Bennett.

List of Subscribers for the Painting of Sir William MacCormac :—

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E. A. Gates, Esq.	H. J. Phillips, Esq.	Dr. G. H. Wickham.

Messrs. Burroughs and Wellcome's Research Laboratories.

IN response to an invitation from Messrs. Burroughs, Wellcome & Co., we travelled one afternoon lately to Herne Hill for the purpose of inspecting their new buildings and grounds devoted to Bacteriological and Chemical Investigations, as well as to the preparation of

the various sera (diphtheria anti-toxin, anti-streptococcus, etc.). The department is under the charge of Dr. Dowson, who kindly conducted us over, and gave courteous explanations both of what was to be seen and of the plans for the future. An old mansion with its stables and grounds has been purchased, and no money has been, or will be, spared, to make it a thoroughly well-equipped laboratory. On one side is an office, a room for bacteriological investigation, another for the preparation of the various media, and a special dark room devoted to photo-micrography. Underneath is a large cellar kept at a uniform heat. It is a gigantic incubator, and so arranged that the optimum temperatures for the different organisms are to be found on the different shelves—the lowest registering 32° C., the middle shelf 35° C., and the highest 38° C.

On the other side is a large room devoted to Physiological and Bacteriological Chemistry, a special department which is under the charge of Dr. Pinkus. Upstairs are rooms for the filtering and packing of the anti-toxin brought up from the stables. This is sent out by Messrs. Burroughs, Wellcome & Co. in bottles containing 1,500 units in $3\frac{1}{2}$ cc. Considering the large doses of anti-toxin now employed at St. Thomas's, and we believe at all the fever hospitals under the charge of the Metropolitan Asylums Board, we were somewhat surprised at the small dose which Dr. Dowson stated was usually used by the practitioners who obtain their serum from Herne Hill. Certainly one of these small bottles with its 1,500 units is about one-fifth of that to which we are accustomed, and one cannot but feel surprised that it should be regarded as a sufficient dose, even in mild cases caught, so to speak, on the first day of the disease. A room, not yet in use, is being specially fitted for the preparation of dried sera. The arrangements for asepsis here, as indeed everywhere in the building, were admirable, and Dr. Dowson informed us that this room was to be fitted with an apparatus for a supply of filtered air at slightly above atmospheric pressure on the Plenum system.

The stables are already extensive, and are so built that they can be easily and rapidly enlarged. One large stable contains twenty-four stalls, all full at the time of our visit, the horses exceedingly well cared for and in good condition, and each and all yielding anti-toxic serum in varied quantities and varied strengths. Smaller stables are devoted to the new horses. Here they are examined as to their fitness for removal to the main block, especially in relation to tubercle and glanders. Though the horses do no actual work, there is a large paddock in the grounds where they can be turned out and given exercise when required. The ordinary coach-house of a gentleman's stable is replaced by the injecting and

bleeding room. The walls are all white and it is kept scrupulously clean. It is lighted magnificently by a very powerful arc light, reflected from the white surface of the ceiling and walls.

From this brief description we think it will be seen that Messrs. Burroughs, Wellcome & Co. intend to remain, as before, in the forefront of those providing modern therapeutical remedies for the use of the medical profession, which already owes a great deal to their energy and enterprise.

AMALGAMATED CLUBS' BALANCE SHEET.

Income.			Expenditure.		
	£	s. d.		£	s. d.
Subscriptions from Members	402	13 6	General Management - -	59	8 1
Grant from Medical School	60	0 0	Students' Club - -	242	15 6
Gazette Account - - -	31	4 0	Medical and Physical Society	10	10 4
Interest on Deposit Amount	3	2 3	Athletic Club - -	10	10 0
	496	19 9	Cricket Club - -	23	16 0
Excess of Expenditure over			Association Football Club	11	8 10
Receipts - - - -	186	16 7	Rugby Football Club - -	14	9 5
			Hare and Hounds Club - -	3	3 0
			Lawn Tennis Club - -	9	5 4
			Rifle Club - -	16	9 10
			Rowing Club - -	8	9 6
			Swimming Club - -	3	3 0
			Chiswick Ground - -	270	7 6
	£683	16 4		£683	16 4

BALANCE SHEET.

	£	s. d.		£	s. d.
Capital as per Balance Sheet			Capital Expenses Chiswick		
31st Oct., 1898 - -	592	12 7	Ground to 31st Oct., 1899 -	323	7 9
Less Excess of Expenditure			Cash in Bank and Hand -	82	8 3
over Receipts - - -	186	16 7			
	£405	16 0		£405	16 0

(Signed) R. MASTERS.

Books for Review.

A MANUAL OF SURGERY. By William Rose, F.R.C.S., and Albert Carless, F.R.C.S. Second Edition, 1899. Pp. 1190; Illustrations 400. Price 21/- net. (London, Baillière, Tindall & Cox.)

The rapid appearance of a second edition of this work is witness to its success, deserved by the first, and further justified by the present, edition.

The illustrations have been improved, both by elimination and additions, but both processes could be carried yet further with advantage.

The letterpress is carefully condensed, and in spite of brevity the descriptions are clear and complete, while a good sense of proportion pervades the whole. The feeling of extreme tension from compression is, however, in places almost painful, due to no fault of the authors, but rather to the enormous size of their subject. We think this is bound to be relieved in some future edition, and that the work in the natural process of evolution must ultimately demand two volumes. The small type, which though clear is trying when read for several pages together, could then disappear, and the matter so given is certainly worthy of the promotion.

The descriptions of operations and the methods of treatment are throughout up to date.

We fancy the reader of page 214 would imagine he had a much longer journey before him than just across Westminster Bridge if he wished to see the Aseptic system fully carried out, and that the difficulties of its adoption in a large teaching school were much greater than to us they appear to be. Nor do we think it a greater compliment to Lord Lister to adhere closely to the details of his technique than to try and develop the great principles by which he revolutionised modern surgery. It was certainly not in that spirit that he made his own advances.

But these are minor criticisms, and we end as we began by warmly welcoming the book as a reliable guide for students and a concise exposition of the present position of surgery.

AIDS TO THE DIAGNOSIS AND TREATMENT OF THE DISEASES OF CHILDREN (MEDICAL). By John McCaw, M.D. Second Edition. Pp. 241. Price 3/6. (Messrs. Baillière, Tindall & Cox.)

In this work attention is chiefly devoted to the symptoms and treatment of the various diseases occurring in children, whether peculiar to them or not. From the size of the book, ætiology and pathology necessarily receive the scantiest attention. In all probability many men never do read a separate book on the diseases of children at all, often doubtless because of their size: in such cases, and inasmuch as every student has at hand some text-book of medicine to which he could constantly refer, he might derive some advantage from the perusal of this book, but only if so read. Under Leucocythæmia we are told merely that the leucocytes are increased, and that their proportion to the red cells varies from 5 to 50 per cent. We hold that such a description of the blood changes is inexcusable. Many of the diseases are most inadequately described, but otherwise the book is accurate and up-to-date as far as it goes.

AN INTRODUCTION TO DISEASES OF THE NERVOUS SYSTEM. By H. Campbell Thomson. Price 4/-. (Messrs. Baillière, Tindall & Cox.)

This book does not pretend to be a dissertation on neurology or a text-book of nerve diseases. The author has aimed at collecting clearly within a small compass the chief facts and theories known at the present time, so that the clinician may be able to apply them to the study of a nerve case when it presents itself. In this aim we think he has been entirely successful. The book will well repay perusal by students about to enter upon clinical medicine. Considerable space is devoted to the study of muscles individually in regard to their action and paralysis, and the assistance they may be in locating a nerve lesion. The physiological knowledge of the man who has just passed his Second Examination will also enable him easily to comprehend most of this small book. With its main facts at his command we feel sure a much more intelligent grasp of the nerve diseases found in the Out-Patient Room will be possible for the clinical clerk. We notice that the chapter on the Eye movements has been revised by Mr. Fisher.

Examination News.

UNIVERSITY OF LONDON, OCTOBER, 1899.

M.B. Pass Examination.

Second Division.—J. Gaff, J. C. Harcourt, T. Hoban, R. G. Strange, G. B. Thwaites.

M.B. Honours.

Forensic Medicine.—R. G. Strange (2nd class).

ROYAL COLLEGE OF SURGEONS, NOVEMBER, 1899.

Primary F.R.C.S.—J. S. Fairbairn, C. N. Sears.

Final F.R.C.S.—E. M. Corner.





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